



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

June 23, 1993  
CHEM. 92-005

New York State Department of  
Environmental Conservation (D.E.C.)  
Bureau of Wastewater Facilities Operations  
50 Wolf Road  
Albany, New York 12233-3506

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

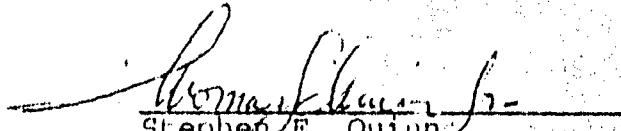
Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of May 1993. Notice of non conformance to the permit 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)526-5605 or Mr. James Gillen of New York Power Authority at (914)736-8450.

Very truly yours,

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

Attachment

2800009

RJB/km

IFAB  
14

9402010274 930623  
PDR ADDCK 05000003  
R PDR

Con  
Edison memorandum

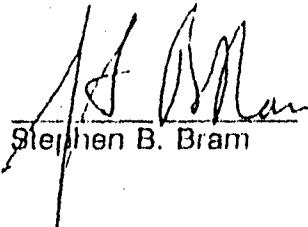
INDIAN POINT STATION  
JUNE 22, 1993

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 Schmelser, Acting General Manager is delegated all the duties and responsibilities of the position.



Stephen B. Bram

/se0622/93

**NOTICE OF NON CONFORMANCE**  
**SPDES PERMIT #NY0004472**

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 problems with gate operation. Repair work to correct these problems is underway.

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). The new repair activities are expected to take place between August 1 and November 30, 1993. This schedule assumes the timely receipt of approvals for the rehabilitation work from the DEC and the Army Corps of Engineers.

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

ADDRESS  
 FACILITY  
 LOCATION

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

PERMIT NUMBER  
 DISCHARGE NUMBER  
 MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

Form Approved  
 OMB No. 2040-0004  
 Approval expires 10-31-84

NOTE: Read instructions before completing this form.

PARAMETER	AVERAGE	MAXIMUM	UNITS	QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY ANALYSES	SAMPLE TYPE
				MINIMUM	AVERAGE	MAXIMUM			
SAMPLE MEASUREMENT	0.017	0.028							0 1/2 FNSTAN
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

R 9402010277 930623  
 PDR ADDCK 05000003  
 PDR

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 HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, 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 imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]

TELEPHONE NUMBER  
 914 922-3301  
 DATE  
 9-10-83

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

Facility Name/Address (include if different)  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

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

PERMIT NUMBER \_\_\_\_\_  
 DISCHARGE NUMBER \_\_\_\_\_

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

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	PERMIT REQUIREMENT	REPORT	REPORT							
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 THOMAS SCHNEIDER  
 General Manager  
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 Thomas Schneider

TELEPHONE \_\_\_\_\_ DATE 7/23/88  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 ENTER RESULTS FOR SETS CLEAN-TROL CT-1 ON BLACK LINE OF THIS FORM

FACILITY NAME/ADDRESS (Include Facility Name/Location if different)  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 FACILITY \_\_\_\_\_  
 LOCATION \_\_\_\_\_

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

PERMIT NUMBER \_\_\_\_\_ DISCHARGE NUMBER \_\_\_\_\_

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

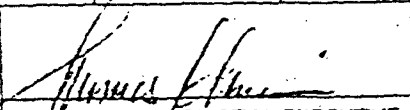
MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY

NOTE: Read instructions before completing this form.

PARAMETER	X	Quantity or Loading			Quality or Concentration			NO EX	FREQUENCY OF ANALYSES	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
		0.006	0.007		*****	*****	*****	0	7/7	INSTANT
		PERMIT REQUIREMENT	REPORT		*****	*****	*****			
		0.02	0.02		*****	*****	*****	0	1/31	GRAB
		PERMIT REQUIREMENT			*****	*****	*****			
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								
		SAMPLE MEASUREMENT								
		PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 MONAS SCHMIDT  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE NUMBER: 913-321-9222  
 DATE: 02-07-94

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

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

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM: YEAR: MO: DAY:

TO: YEAR: MO: DAY:

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (32-33)			QUALITY OR CONCENTRATION (34-35)			NO. EX (36-37)	FREQUENCY OF ANALYSIS (38-39)	SAMPLE TYPE (40-41)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT	806.2	1239.8					0	ND	PMP/100
	PERMIT REQUIREMENT	REPORT	REPORT							
	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 SCHNEIDER  
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

*Thomas Schneider*

TELEPHONE

AREA CODE

NUMBER

714-572-2211

DATE

93 01 23

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

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

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

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR: MO: DAY TO YEAR: MO: DAY

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

NOTE: Read instructions before completing this form.

PARAMETER (33-70)	X	QUANTITY OR LOADING (33-71)			QUALITY OR CONCENTRATION (33-72)			NO. EX. (33-73)	FREQUENCY OF ANALYSIS (33-74)	SAMPLE TYPE (33-75)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
		0.004	0.010		*****	*****	*****	0	1/2	ESTIMA
		REPORT	REPORT		*****	*****	*****		WEEKLY	ESTIMA
		0	*****		*****	*****	*****	0	1/2	VISUAL
		REPORT	***** YES		*****	*****	*****		WEEKLY	VISUAL

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 HEREIN AND BASED ON MY KNOWLEDGE OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 9 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE  
AREA CODE NUMBER YEAR MO DAY  
914 321-3200 93 10 23

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

FLOORS TRIBUTARY TO FLOOR DRAINS SHALL NOT CONTAIN MORE THAN 10 MGAL OIL AND GREASE OR ANY SOLIDS WHEN



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

12-15

11-19

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
FACILITY \_\_\_\_\_  
LOCATION \_\_\_\_\_

PERMIT NUMBER \_\_\_\_\_  
DISCHARGE NUMBER \_\_\_\_\_

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
FROM \_\_\_\_\_ TO \_\_\_\_\_

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
		*****	*****		*****	*****	8.0		0	DAILY (AMB)
		*****	*****		*****	*****				
		*****	*****		7.2	*****	7.7		0	1/7 (AMB)
		*****	*****		0.0	*****				WEEKLY (AMB)
		*****	141.0		*****	*****	0.02		0	1/7 (CALCD)
		*****	525		*****	*****	1.0			WEEKLY (CALCD)
		*****	*****		*****	*****	<.001		0	1/7 (CALCD)
		*****	*****		*****	*****	0.01			WEEKLY (CALCD)
		*****	*****		*****	*****	0.2		0	CONTIN. (CONTIN. MON)
		*****	*****		*****	*****	0.0			CONTIN. (CONTIN. MON)
		*****	*****		*****	*****				
		*****	*****		*****	*****				

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER  
*Thomas Schneider*  
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 2 years.)

*Thomas Schneider*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 714 520-2221  
DATE: 93 06 22  
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO THERMAL EFFLUENT LIMITATIONS ON TOTAL FACILITY DISCHARGE CANAL SEE PERMIT.  
REPORT EFFLUENT TEMPERATURE FOR THE REPORTING PERIOD JULY 1-APRIL 14 USE PARAMETER CODE 11.

FACILITY NAME AND ADDRESS (Include Facility Name/Location if different)

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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

NOTE: Read instructions before completing this form.

PARAMETER (POLLUTANT)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT					0.005	0.037		0 1/2	LAMP
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT					0.010	0.033		0 1/7	LAMP
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT					0.09	0.12		0 1/31	LAMP
	PERMIT REQUIREMENT					REPORT	REPORT			
	SAMPLE MEASUREMENT	0.009	0.014						0 7/7	INSTANT
	PERMIT REQUIREMENT	REPORT	REPORT							WEEKLY INSTANT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Walter Schneider*  
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 3 months and 3 years.)

*Thomas E. ...*  
SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

AREA CODE NUMBER YEAR MO DAY

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

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

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

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PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
						38.8	329.1		0	1/7	LNAB
						REPORT	REPORT			WEEKLY	
		0.256	0.380						0	7/7	INSTAN
		REPORT	REPORT							WEEKLY	INSTAN

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.)

*Thomas Schmeiser*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 714 326-9211  
 DATE: 12-01-92

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

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

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER \_\_\_\_\_ DISCHARGE NUMBER \_\_\_\_\_

MONITORING PERIOD  
FROM YEAR MC DAY TO YEAR MC DAY

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT	28871	29000						0 7/7	INSTAN
	PERMIT REQUIREMENT	REPORT	REPORT						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 Schwitzer*  
*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 ENQUIRY 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 (Penal) under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 3 years.

*Thomas Schwitzer*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE \_\_\_\_\_ DATE \_\_\_\_\_  
 AREA CODE NUMBER YEAR MO DAY  
 0452 221 93 07 23

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

OUTFALL 0010 = 001K IN PERMIT

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

ADDRESS  
FACILITY  
LOCATION

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

PERMIT NUMBER  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY

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NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
							1.4		0 1/2	LAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
THOMAS SCHMIDT  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
DATE  
AREA CODE NUMBER YEAR MO DAY

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

Facility Name/Location (if different)  
NAME

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER: 1218  
DISCHARGE NUMBER: 1219

MONITORING PERIOD  
FROM YEAR MC DAY TO YEAR MC DAY

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE MEASUREMENT					2.7	5.0		0 1/7	GRAB
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT	0.308	0.445						0 7/7	INSTANT
	PERMIT REQUIREMENT	REPORT	REPORT							WEEKLY INSTANT
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Thomas Schmitter*  
 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 KNOWLEDGE 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.)

*Thomas Schmitter*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 714 326-3211  
 DATE: 93.05.23  
 AREA CODE NUMBER YEAR MO DAY

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