

June 17, 1996



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

NYSDEC - Division of Water
SPDES Compliance Information Section
Bureau of Water Compliance Programs
50 Wolf Road - Room 320
Albany, New York 12233-3506

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

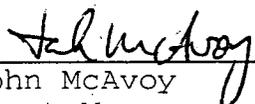
Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of May 1996. A Report of Noncompliance Event is attached for a non-compliance which occurred at the New York Power Authority Unit 3 Facility.

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,



John McAvoy
Plant Manager
Indian Point Station
Con Edison Units 1 & 2

Attachment

/kj

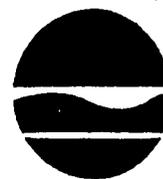
240153

9606250141 960531
PDR ADOCK 05000286
R PDR

JE23

SECTION 1

New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact CESARE MANFREDI RWE DEC Region: 3

Report Type: 5 Day Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow

SECTION 2

SPDES #: NY- 0004472 Facility: INDIAN POINT N.G.S.

Date of noncompliance: 05 / 16 / 96 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL 001

Description of noncompliance(s) and cause(s): SEE ATTACHED

Has event ceased? (Yes) (No) If so, when? 05/16/96 Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 05 / 16 / 96, 3 : 00 (AM) (PM) End date, time of event: 05 / 16 / 96, 4 : 00 (AM) (PM)

Date, time oral notification made to DEC? 05 / 16 / 96, 4 : 43 (AM) (PM) DEC Official contacted: SPILL HOTLINE

Immediate corrective actions: IMMEDIATELY SECURED TRANSFER OF SEWAGE. THE SITE SEWAGE WAS COLLECTED AND PUMPED TO TRANSPORT VEHICLE FOR OFFSITE DISPOSAL.

Preventive (long term) corrective actions: THE CLEAN OUT PLUG GASKET WAS REPAIRED AND THE FORCED MAIN PLACED BACK IN SERVICE ON 5/17

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: KEN PETERS Title: LICENSING MANAGER Date: 06 / 17 / 96

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

DESCRIPTION ON NONCOMPLIANCE(S) AND CAUSE(S) THIS NON-COMPLIANCE WAS DUE TO A FAILURE OF A GASKET SEAL ON A CLEAN OUT PLUG ON THE FORCED SEWAGE LINE FROM THE INDIAN POINT SITE TO THE SEWAGE MAIN TO THE BUCHANAN SEWAGE TREATMENT PLANT, WHICH RESULTED IN THE RELEASE OF RAW SEWAGE TO THE SITE GROUNDS, A PORTION OF WHICH ENTERED A SITE STORM WATER DRAIN WHICH GOES TO THE SITE DISCHARGE CANAL. REFERENCE SPILL NUMBER 96-02204.

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: CONSOLIDATED EDISON OF N.Y.
 LOCATION: BUCHANAN NY 10511
 ATTN: DR. ROBERT KEEGAN

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

NY0004472
 PERMIT NUMBER

001 C
 DISCHARGE NUMBER

SECONDARY DEMINERALIZER BD
 (SUBR 03)
 F - FINAL
 MAJOR

Form Approved
 OMB No. 2040-0004
 Approval expires 05-31-98
 12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	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	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (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				(03)	*****	*****	*****			ONCE / MONTH	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 John McAvoy
 Plant Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 [Signature]

TELEPHONE: 914.734.5221
 DATE: 96 06 18
 AREA CODE NUMBER 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

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

ION EXCHANGE PLANTS
(SUBR 03)
F - FINAL
MAJOR

NY0004472
PERMIT NUMBER

001 E
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	31
(20-21)		(22-23)		(24-25)	
		(26-27)		(28-29)	
				(30-31)	

FROM 96 05 01 TO 96 05 31

*** NO DISCHARGE [] ***
NOTE: Read instructions before completing 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: CONSOLIDATED EDISON OF N.Y.
LOCATION: BUCHANAN NY 10511
ATTN: DR. ROBERT KEEGAN

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	0.053	0.123	(03)	*****	*****	*****		0	4/T	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER John McAvoy Plant Manager TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 <i>John McAvoy</i>	TELEPHONE	DATE		
			914-734-5221	96	06	18
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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

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

NY0004472
 PERMIT NUMBER

001 G
 DISCHARGE NUMBER

BOILER BLOWDOWN
(SUBR 03)
F - FINAL
MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	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)				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		0.010	0.010	(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		0.18	0.18	(26)	*****	*****	*****		0	1/31	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****			ONCE/ GRAB MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
 TYPED OR PRINTED

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

John McAvoy
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5221**
 DATE **96 06 18**
 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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1,2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**

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

NY0004472 PERMIT NUMBER
001 I DISCHARGE NUMBER

CONDENSER COOLING WATER
(SUBR 03)
F - FINAL
MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	31
(20-21)		(22-23)		(24-25)	
				(26-27)	
				(28-29)	
				(30-31)	

*** NO DISCHARGE ***

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1961.0	2245.2	(03)	*****	*****	*****		0	HOURLY	PMPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		HOURLY	PMPLOG
	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

John McAvoy
Plant Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION; I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

John McAvoy
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

914.734.5221 **96 06 18**
 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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)

NY0004472
 PERMIT NUMBER

001 J
 DISCHARGE NUMBER

FLOOR DRAINS
(SUBR 03)
F - FINAL
MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	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)				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	E	0.147	0.174	(03)	*****	*****	*****	*****	0	1/7	ESTIM
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			WEEKLY ESTIMA
OIL AND GREASE VISUAL 84066 1 0 0	E	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAudy
Plant Manager
 TYPED OR PRINTED

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

John McAudy
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914-734-5221**
 DATE **9/6/06/18**
 AREA CODE NUMBER YEAR MO DAY

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

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

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

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

PERMITTEE NAME/ADDRESS (Includes 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: CONSOLIDATED EDISON OF N.Y.
LOCATION: BUCHANAN NY 10511
ATTN: DR. ROBERT KEEGAN

NY0004472 PERMIT NUMBER	001 K DISCHARGE NUMBER				
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	31
(20-21) (22-23) (24-25)		(26-27) (28-29) (30-31)			

*** NO DISCHARGE ***
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PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(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 S 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	79.3	(15)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	93.2			DAILY	GRAB
				****			DAILY MX			DEG.F	
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.8	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
				****	MINIMUM		MAXIMUM			SU	
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	118	(26)	*****	*****	<0.01	(19)	0	7/7	CALCT
	PERMIT REQUIREMENT	*****	525	DAILY MX	*****	*****	1.0			WEEKLY	CALCTD
				LBS/DY			DAILY MX			MG/L	
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.01	(19)	0	1/7	CALCT
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01			ONCE/	CALCTD
				****			DAILY MX			MONTH	
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	31/31	CONT
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			CONTIN	CONTIN
				****			DAILY MX			MG/L	UOUS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
John McAvoy

TELEPHONE: 914 734-5221
DATE: 96 06 18
AREA CODE: 914 NUMBER: 734-5221 YEAR: 96 MO: 06 DAY: 18

COMMENTS 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 (08-95) Previous editions may be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.) 00868/960513-1942 PAGE 1 OF 1

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 **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

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

NY0004472
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

Form Approved.
 OMB No. 2040-0094
 Approval expires 05-31-98
12345

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	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)			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	*****	*****		*****	NODI C	NODI C	(19)	-	NODI C	NODI C
	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	*****	*****		*****	NODI C	NODI C	(19)	-	NODI C	NODI C
	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	*****	*****		*****	0.17	1.15	(19)	0	1/7	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	0.010	0.031	(03)	*****	*****	*****		0	1/7	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
John McAvey
Plant Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and of maximum imprisonment of between 6 months and 5 years.)

John McAvey
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5221**
 DATE **9/6/06**
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NODI C EXPLANATION - THE USE OF CHROMIUM HAS BEEN DISCONTINUED AT THE SITE THEREFORE NO SAMPLING IS REQUIRED

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

SUM OF OUTFALLS 0018, 0020, 0011
 (SUBR 03)
 F - FINAL
 MAJOR

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 CONSOLIDATED EDISON OF N.Y.
 LOCATION BUCHANAN NY 10511
 ATTN: DR. ROBERT KEEGAN

NY0004472
 PERMIT NUMBER

001 N
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	05	01	96	05	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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B) 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	20.9	51.6	(19)	0	7 / 7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.301	0.418	(03)	*****	*****	*****		0	7 / 7	INSTA
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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 John McAvoy
 Plant Manager
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE
 914 734 5221
 DATE
 96 06 18
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

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

NY0004472
 PERMIT NUMBER

001 Z
 DISCHARGE NUMBER

FILTER BACKWASH
(SUBR 03)
F - FINAL
MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
12345

MONITORING PERIOD

FROM YEAR **96** MO **05** DAY **01** TO YEAR **96** MO **05** 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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	26439	50400	(07)	*****	*****	*****		0	7/7	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
 TYPED OR PRINTED

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

John McAvoy
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5221**
 DATE **96 06 18**
 AREA CODE NUMBER YEAR MO DAY

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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

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

NY0004472
 PERMIT NUMBER

SUM 4
 DISCHARGE NUMBER

SUM OF 001C, 001D, 001K & 001L
 (SUBR 03)
 F - FINAL
 MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 12345

MONITORING PERIOD											
YEAR	MO	DAY	TO	YEAR	MO	DAY					
96	05	01		96	05	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			(4 Card Only) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.5	(19)	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 MAXIMUM	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvey
Plant Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
John McAvey

TELEPHONE **914-734-5221**
 DATE **96 06 18**
 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 N.Y.**
 ADDRESS **INDIAN POINT STATION #1,2 & 3**
4 IRVING PLACE, ROOM 300
NEW YORK NY 10003
 FACILITY **CONSOLIDATED EDISON OF N.Y.**
 LOCATION **BUCHANAN NY 10511**
 ATTN: **DR. ROBERT KEEGAN**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)

NY0004472
 PERMIT NUMBER

SUM 7
 DISCHARGE NUMBER

SUM OF 0018,C,D,E
 (SUBR 03)
 F - FINAL
 MAJOR

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 12345

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	05	01		96	05	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)				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	PERMIT REQUIREMENT	*****	*****	*****	*****	7.6	29	(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	PERMIT REQUIREMENT	0.390	0.539	(03)	*****	*****	*****	*****	0	7/7	INST
EFFLUENT GROSS VALUE	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										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
John McAvoy
Plant Manager
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
John McAvoy

TELEPHONE
 914 734-5221
 DATE
 96 06 18
 AREA CODE NUMBER YEAR MO DAY

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