

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 November 1995. A Report of Noncompliance Event is attached for a non-compliance which occurred at the New York Power Authority's 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 -

New 1 State Department of Environmental Inservation Division of Water



Report of Noncompliance Event

| To: DEC Water Co | ntact CESARE MANFRE | EDI | DEC | Region:3 |
|--|-----------------------------|------------------------------------|---|--|
| Report Type: 5 | Day X Permit Violation | Order Violation | Anticipated Noncompliance | Bypass/Overflow |
| | | | | |
| ECTION 2 | | • | | |
| SPDES #: NY | 0004472 Facility: | NEW YORK POWER | AUTHORITY - IP3 | |
| | | | Unit, or Pump Station): OUT | |
| escription of noncompliance he floor drain. Th | e cause is ground w | g a weekly turbing ater and oil in | ne hall drain inspect: trusion into this elev | ion oil was found in vation of the facilit |
| | | | | |
| las event ceased? (Ycs) (No) | If so, when? | Was event due to | plant upset? (Yes) (No) SPDI | ES limits violated? (Yes) (No) |
| | | | , time of event: <u>11 / 22 /95</u> | \bigcup_{α} |
| | | _ | M) DEC Official contacted: | |
| (12-6-95) and oil a | bsorbant material w | as placed in the | oor was cleaned. This a area where necessary is equiped with an G | This event was |
| several locations in | n the plant elevati | on to relieve hy | nr recommendation for draulic pressure is b be evaluated based o | eing performed durin |
| SECTION 3 | | | | |
| Complete this section if er | vent was a bypass: | • | | |
| Bypass a | umount: | Was prior DEC autho | rization received for this event? (| (Yes) (No) |
| DEC Offi | icial contacted: | | Date of DEC approval:/ | |
| Describe event in "Descr | iption of noncompliance and | cause" area in Section | 2. Detail the start and end dates | s and times in Section 2 also. |
| SECTION 4 | | | | |
| Facility Representative: | KEN PETERS | Title: | LICENSING MANAGER I | Date: 12 / 8 / 95 |
| | Phone #: (914) 736 | - 8024 Fax | l: (914) 736 • 8769 | |