

February 24, 1997



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 #NY0004472  
New York Power Authority Indian Point Unit 3

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of January 1997. A Report of Noncompliance Event is attached for a noncompliance which occurred at 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 J. Burns of Con Edison (914)734-5605 or Mr. Matthew Kerns of New York Power Authority at (914)736-8452 .

Very truly yours,

Chris English  
Env. Manager  
Indian Point Station  
Con Edison Units 1 & 2

Attachment

lkj

9703040241 970119  
PDR ADOCK 05000286  
S PDR

040055



IE25%



## Report of Noncompliance Event

To: DEC Water Contact MR. CESARE MANFREDI DEC Region: III

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

\* IN LIEU OF 5 DAY REPORT - SEE DESCRIPTION IN SECTION 2

### SECTION 2

SPDES #: NY- 0004472 Facility: NEW YORK POWER AUTHORITY IP#3

Date of noncompliance: 1, 14, 97 Location (Outfall, Treatment Unit, or Pump Station): 001

Description of noncompliance(s) and cause(s): AN OVERFLOW OF WATER FROM A PROCESS TANK RESULTED IN A DISCHARGE OF OIL ANLONG WITH THE WATER TO THE DISCHARGE CANAL AND RIVER. THIS WAS REPORTED VIA THE SPILL HOTLINE ON 1/14. PER TELEPHONE CONVERSATION WITH MR. VINCENT MCCABE, THIS REPORT IS BEING PROVIDED IN LIEU OF THE 5 DAY FOLLOW-UP REPORT

Has event ceased?  (Yes) (No) If so, when? 1-14-97 Was event due to plant upset? (Yes)  (No) SPDES limits violated? (Yes)  (No)

Start date, time of event: 1, 14, 97 UNKNOWN (AM) (PM) End date, time of event: 1, 14, 97 08:00 (AM) (PM)

Date, time oral notification made to DEC? 1, 14, 97 08:35 (AM) (PM) DEC Official contacted: MR. LARVIA SPILL HOTLINE OPERATOR

Immediate corrective actions: THE SOURCE OF THE OVERFLOW WAS STOPPED AND VISIBLE SHEEN REMOVED FROM SURFACE OF DISCHARGE CANAL BY NYPA AND CLEANUP CONTRACTOR PERSONNEL. ALSO ROUTINE INSPECTION ROUNDS FOR THE PROCESS TANK WERE INCREASED TO ENSURE THAT THE OVERFLOW WOULD NOT RECUR.

Preventive (long term) corrective actions: SINCE IT WAS DETERMINED THAT A TEMPORARY MODIFICATION TO THE SYSTEM (INSTALLED TO ADDRESS A SEPARATE ISSUE) CAUSED THE OVERFLOW, EVERY EFFORT WAS MADE TO ENSURE THAT THIS TEMPORARY MODIFICATION WAS REMOVED QUICKLY.

### 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: 1, 19, 97

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

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**001 C**  
 DISCHARGE NUMBER

SECONDARY DEMINERALIZER  
 (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
97	01	01	97	01	31

FROM (20-21) (22-23) (24-25) TO (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 (46-61)			(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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		REPORT 30DA AVG	REPORT DAILY MX	( 03 ) MGD	*****	*****	*****	*****	****	ONCE/MONTH	INSTANT
	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  
*Chris English*  
 ENV. 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.)

*Christopher English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914-784-5208  
 DATE: 97 02 24  
 AREA CODE: 914 NUMBER: 784-5208 YEAR: 97 MO: 02 DAY: 24

COMMENTS 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 NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**001 E**  
 DISCHARGE NUMBER

**ION EXCHANGE PLANTS**  
 (SUBR 03)  
**F - FINAL**  
**MAJOR**

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

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
97	01	01		97	01	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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.061	0.111	(03)	*****	*****	*****	0	T / T	INSTAN
		REPORT	REPORT	MGD	*****	*****	*****		WEEKLY	INSTAN
		30DA AVG	DAILY MX							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Chris English*  
 ENV. 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.)

*Raymond Burns*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5208**  
 DATE **01 02 97**  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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
97	01	01	97	01	31

FROM (20-21) (22-23) (24-25) TO (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) (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	0.010	0.011	( 03 )	*****	*****	*****	*****	0	T/T	INSTAN	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		WEEKLY	
PHOSPHATE, TOTAL COLOR METHOD (AS P) 70505 1 0 0 EFFLUENT GROSS VALUE	0.10	0.10	( 26 )	*****	*****	*****	*****	0	1/30	GRAB	
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	*****		ONCE/MONTH	
	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  
**Chris English**  
**Env. 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.)

*Chris English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 345 2089**  
 DATE **97 02 24**  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**001 I**  
 DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004  
 Approval expires 05-31-98  
**12345**  
**CONDENSER COOLING WATER**  
**(SUBR 03)**  
**F - FINAL**  
**MAJOR**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

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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		1508	1865	(.03)	*****	*****	*****	*****	0	HOURLY	PM PLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****		HOURLY	PM PLOG
	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  
**Chris English**  
**Env. 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.)

*Christopher English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914.734.5208**  
 DATE **97 02 24**  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1,2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (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
97	01	01	97	01	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) (46-53)				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	E 0.137	E 0.175	( 03)	*****	*****	*****	*****	0	1/T	ESTIMA	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY ESTIMA	
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	0	*****	( 94)	*****	*****	*****	*****	0	1/T	VISUAL	
	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  
**Chris English**  
**Env. 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.)

*Chris English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5208** DATE **97 02 24**  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

NY0004472 PERMIT NUMBER  
 001 K DISCHARGE NUMBER

Form Approved. OMB No. 2040-0042  
 Approval expires 05-31-98  
**TOTAL FACILITY DISCHARGE CANAL**  
 (SUBR 03)  
**F - FINAL**  
**MAJOR**

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
97	01	01	TO	97	01	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) (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 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	66.4	(15)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110			DAILY	GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.8	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0			WEEKLY	GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	192	(26)	*****	*****	<0.1	(19)	0	7/7	CALCTD
	PERMIT REQUIREMENT	*****	525		*****	*****	1.0			WEEKLY	CALCTD
			DAILY MX	LBS/DY			DAILY MX	MG/L			
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.01	(19)	0	1/31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01			ONCE/MONTH	CALCTD
				****			DAILY MX	MG/L			
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2			CONTINUOUS	CONTINUOUS
				****			DAILY MX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Chris English  
 ENV. 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.)

*Chris English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 914-731-5208  
 DATE 97 02 24  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE. SEE PERMIT FOR THERMAL EFFLUENT LIMITS.  
 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 T-40 WHICH MAY NOT BE USED.) 00885/970107-1902 PAGE 1 OF 1

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

Form Approved: **001 No 2060004**  
 Approval expires **05-31-98**  
**12345**  
 SUM OF OUTFALLS **001**  
 (SUBR 03)  
**F - FINAL**  
**MAJOR**

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
97	01	01		97	01	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) (54-61)				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	*****	*****		*****	1.2	2.7	(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	0.014	0.027	(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  
*Chris English*  
*Env. 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.)

*Raymond Burns*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914-731-5208** DATE **07 02 97**  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE

NODI C EXPLANATION - THE USE OF CHROMIUM HAS BEEN DISCONTINUED AT THE SITE THEREFORE NO SAMPLING IS REQUIRED.

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

NAME **CONSOLIDATED EDISON OF NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

NY0004472  
 PERMIT NUMBER

001 N  
 DISCHARGE NUMBER

SUM OF OUTFALLS **0000000011**  
 (SUBR 03)  
 F - FINAL  
 MAJOR

Form Approved  
 Approval expires 05-31-98  
 12345

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	01	01		97	01	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) (54-61)				NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B)	*****	*****	*****		*****	30	71	(19)	0	T/T	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.306	0.463	(03)	*****	*****	*****	*****	0	T/T	INST
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	*****			WEEKLY INSTAN
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Chris English*  
*Env. 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.)

*Chris English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5208** DATE **97 02 24**  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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					
YEAR	MO	DAY	YEAR	MO	DAY
97	01	01	97	01	31

FROM (20-21) (22-23) (24-25) TO (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) (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 RATE 00056 1 0 0 EFFLUENT GROSS VALUE		28568	65400	( 07 )	*****	*****	*****	*****	0	T/T	INSTAN
	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  
*Chris English*  
 ENV. 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.)

*Christopher J. ...*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914-731-5208  
 DATE: 97 02 24  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**SUM 4**  
 DISCHARGE NUMBER

Form Approved: OMB No. 2040-0004  
 Approval expires 05-31-98  
**12345**  
 SUM OF 001C, 001D, 001E, 001F  
 (SUBR 03)  
**F - FINAL**  
**MAJOR**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	01	01		97	01	31

FROM (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) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL AND GREASE FREON EXTR-GRAY METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0	(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  
**Chris English**  
**Env. 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.)

*Christopher English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914.234.5008** DATE **01 21**  
 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 NY**  
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**  
**BROADWAY & BLEAKLEY AVE**  
**BUCHANAN NY 10511**  
 FACILITY **CONSOLIDATED EDISON OF NY**  
 LOCATION **BUCHANAN NY 10511**  
 ATTN: **RAYMOND BURNS**

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

**NY0004472**  
 PERMIT NUMBER

**SUM 7**  
 DISCHARGE NUMBER

SUM OF 001B, C, D, E, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z  
 (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
97	01	01	97	01	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (54-61)				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	SAMPLE MEASUREMENT	*****	*****		*****	6.9	20	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX				WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.405	0.533	(03)	*****	*****	*****		0	7/7	INSTANTANEOUS
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTANTANEOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Chris English**  
**ENV. Manager**  
 TYPED OR PRINTED

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*Chris English*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914.734.5208**  
 DATE **01/02/97**  
 AREA CODE NUMBER YEAR MO DAY

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