



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

May 21, 1996

Docket No. 50-286
IPN-97-033
Attachment I
Page 1 of 5

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

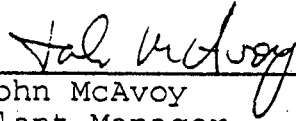
Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of April 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

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PDR ADOCK 05000286
S PDR

Report of Noncompliance EventTo: DEC Water Contact CESARE MANFREDI R.W.E DEC Region: 3Report Type: 5 Day ☒ Permit Violation ☐ Order Violation ☐ Anticipated Noncompliance ☐ Bypass/OverflowSECTION 2SPDES #: NY-0004472 Facility: NEW YORK POWER AUTHORITY INDIAN POINT # 3Date of noncompliance: 04 / 24 / 96 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL 001JDescription of noncompliance(s) and cause(s): DURING A WEEKLY TURBINE BUILDING FLOOR DRAIN INSPECTION, AN OIL SHEEN WAS OBSERVED IN A FLOOR DRAIN. THE AMOUNT WAS MINOR. THE CAUSE WAS A LEAK OF OIL FROM NEARBY EQUIPMENT.Has event ceased? ☒ (Yes) (No) If so, when? 04/24/96 Was event due to plant upset? (Yes) ☒ (No) SPDES limits violated? ☒ (Yes) (No)Start date, time of event: 04 / 24 / 96 06:30 (AM) ☒ (PM) End date, time of event: 04 / 24 / 96 10:10 (AM) ☒ (PM)Date, time oral notification made to DEC? / NA / (AM) (PM) DEC Official contacted: NAImmediate corrective actions: THE AREA WAS CLEANED AND THE FLOOR WAS CLEANED. OIL ABSORBANT MATERIAL WAS PLACED IN THE AREA.Preventive (long term) corrective actions: OIL LEAK ON EQUIPMENT TO BE REPAIRED. HOUSEKEEPING IN THIS AREA WAS MADE A PRIORITY.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 4Facility Representative: KEN PETERS Title: LICENSING MANAGER Date: 05 / 09 / 96Phone #: (914) 736-8029 Fax #: (914) 736-8769