

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 INDIAN POINT STATION #1,2 & 3
LOCATION BUCHANAN NY 10511

ATTN: RAYMOND BURNS

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

NY00004472
PERMIT NUMBER

SUM 7
DISCHARGE NUMBER

SUM OF 0018,C,D,E,G,H,I
(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
98	03	01	98	03	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)		(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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	5.0	16	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	50 DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.127	0.248	(03)	*****	*****	*****		0	31/31	INSTAN
	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										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)		TELEPHONE		DATE		
ENV. MANAGER CHRIS, ENGLISH TYPED OR PRINTED			914	734-5208	98	04	24
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

9805080055 980424
PDR ADOCK 05000286
R PDR

NAME CONSOLIDATED EDISON OF NY
ADDRESS INDIAN POINT STATION #1,2 & 3
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY INDIAN POINT STATION #1,2 & 3
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

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

Form Approved.


OMB No. 2040-004
Approval expires 05-31-98

MONITORING PERIOD

FROM	YEAR 98	MO 03	DAY 01	TO	YEAR 98	MO 03	DAY 31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE [] ***

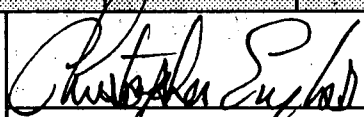
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.2	(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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ENV. MANAGER
CHRIS, ENGLISH
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
914 734-5208

DATE
98 04 24

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 INDIAN POINT STATION #1,2 & 3
LOCATION BUCHANAN NY 10511
ATTN: RAYMOND BURNS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-18)

NY0004472
PERMIT NUMBER

001 K
DISCHARGE NUMBER

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

Form Approved.

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

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
98 03 01 98 03 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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW		*****	*****		*****	*****	64.4	(15)	0	31/31	GRAB
PH		*****	*****		*****	*****	110	DEG.F			GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	7.9	(12)	0	1/7	GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	9.0	SU			GRAB
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	1.0	MG/L			GRAB
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE		*****	*****		*****	*****	< 1.0	(19)	0	1/7	CALCTD
		*****	*****		*****	*****	0.1	(19)	0	1/31	CALCTD
		*****	*****		*****	*****	0.01	MG/L		ONCE/ MONTH	CALCTD
		*****	*****		*****	*****	0.2	MG/L	0	31/31	GRAB
		*****	*****		*****	*****				CONTIN UOUS	CONTIN

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ENV. MANAGER
CHRIS, ENGLISH
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.)

TELEPHONE
914 734-5208
DATE
98 04 24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Christopher English

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 1-40 WHICH MAY NOT BE USED.) 00922/980310-2166 PAGE 1 OF

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: INDIAN POINT STATION #1, 2 & 3
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 2
DISCHARGE NUMBER

ACTION LEVELS-CND POLISH SYS EFF
(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
97	10	01	TO	98	03	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)		(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			
FLUORIDE, TOTAL (AS F) 00951 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	0.08	(26)	*****	*****	*****		0	SEMI-AN	GRAB
	PERMIT REQUIREMENT	*****	5.0	DAILY MX LBS/DY	*****	*****	*****	****		SEMI-AN	GRAB
								****		ANNUAL	
COPPER, TOTAL (AS CU) 01042 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.03	(19)	0	SEMI-AN	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0	DAILY MX MG/L		SEMI-AN	GRAB
				****						ANNUAL	
IRON, TOTAL (AS FE) 01045 V 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0	(19)	0	SEMI-AN	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	4.0	DAILY MX MG/L		SEMI-AN	GRAB
				****						ANNUAL	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.)	TELEPHONE	DATE		
ENV. MANAGER CHRIS, ENGLISH TYPED OR PRINTED					
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	914 734-5208	98	04	24
		AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REPORT ACTION LEVELS FOR OUTFALL 001L - HIGH TDS TANK (CONDENSATE POLISHER REGENERATION SYSTEM) ABOVE.
MONITOR LOCATION "V"= ACTION LEVEL.

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

NAME CONSOLIDATED EDISON OF NY
ADDRESS INDIAN POINT STATION #1,2 & 3
BROADWAY & BUEAKLEY AVE
BUCHANAN NY 10511
FACILITY INDIAN POINT STATION #1,2 & 3
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
FROM YEAR MO DAY TO YEAR MO DAY
98 03 01 98 03 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)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (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	E 0.042	E 0.067	(03)	*****	*****	*****		0	1 / 7	EST/MA
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	EST/MA
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1	*****	(94)	*****	*****	*****		1	1 / 7	VISUAL
	PERMIT REQUIREMENT	REPORT 30DA AVG	*****	YES=1 NO=0	*****	*****	*****	****		WEEKLY	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

NAME CONSOLIDATED EDISON OF NY
ADDRESS INDIAN POINT STATION #1,2 & 3
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY INDIAN POINT STATION #1,2 & 3
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

CONDENSER COOLING
(SUBR 03)
F - FINAL
MAJOR

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

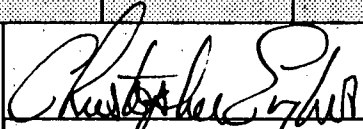
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	03	01			98	03
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)		(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	SAMPLE MEASUREMENT	879.6	895.7	(03) MGD	*****	*****	*****	*****	O	HOURLY	PM PLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX		*****	*****	*****				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ENV. MANAGER
CHRIS, ENGLISH
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

TELEPHONE
914 734-5208
AREA CODE NUMBER

DATE
98 04 24
YEAR MO DAY

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

REFER TO NOTE "D" 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 **INDIAN POINT STATION #1,2 & 3**
 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
FROM 98	03	01	TO 98	03	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)		(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			
FLOW RATE	SAMPLE MEASUREMENT	14571	26400	(07)	*****	*****	*****		0	14/31	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										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.)	TELEPHONE		DATE				
ENV, MANAGER CHRIS, ENGLISH			 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		794	734-5208	98	04	24
TYPED OR PRINTED					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 INDIAN POINT STATION #1,2 & 3
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 N
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98
12945
SUM OF OUTFALLS 001B-C-01-0011
(SUBR 03)
F - FINAL
MAJOR

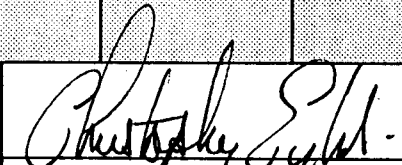
MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 98 03 01 TO 98 03 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (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			
BORON, TOTAL (AS B) 01022 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	15.0	113.9	(19)	0	1 / 7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L		WEEKLY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.084	0.204	(03)	*****	*****	*****		0	31 / 31	INSTAN
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ENV. MANAGER
CHRIS, ENGLISH
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
914 734 5208
AREA CODE NUMBER

DATE
98 04 24
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 **INDIAN POINT STATION #1, 2 & 3**
 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 C

DISCHARGE NUMBER

Form Approved. **OMB NO. 4010-004**
 Approval expires **05-31-98**
12845
SECONDARY DEMINERALIZATION
(SUBR 03)
F - FINAL
MAJOR

MONITORING PERIOD

FROM

YEAR	MO	DAY
98	03	01

 TO

YEAR	MO	DAY
98	03	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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (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				(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ENV. MANAGER

CHRIS, ENGLISH

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

AREA CODE NUMBER

DATE

98 04 24

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

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 INDIAN POINT STATION #1, 2 & 3
 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

SUM OF OUTFALLS 0010
 (SUBR 03)
 F - FINAL
 MAJOR
 Form Approved.
 EPA No. 200-10-004
 Approval expires 05-31-98
 12345

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	03	01	TO	98	03	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)		(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	*****	*****		*****	1.62	2.55	(19)	0	1/31	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	0.006	0.006	(03)	*****	*****	*****		0	6/31	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
 ENV, MANAGER
 CHRIS, ENGLISH
 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 98 04 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

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 **INDIAN POINT STATION #1,2 & 3**
 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

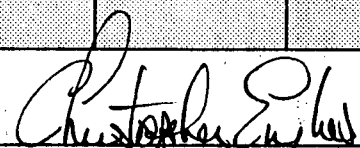
ION EXCHANGE PLANTS
(SUBR 03)
F - FINAL
MAJOR

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 98	03	01	TO 98	03	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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (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	0.031	0.071	(03)	*****	*****	*****		0	26/31	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY HX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ENY. MANAGER CHRIS, ENGLISH 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	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			914	734-5208	98	04	24

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 INDIAN POINT STATION #1,2 & 3
 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
98	03	01	98	03	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) (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	0.010	0.010	(03)	*****	*****	*****		0	24/31	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	SAMPLE MEASUREMENT	0.15	0.20	(26)	*****	*****	*****		0	1/31	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

ENV. MANAGER
CHRIS, ENGLISH

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.)

TELEPHONE

914 734-5208

DATE

98 04 24

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY