

PERMITTEE NAME/ADDRESS (Include Facility Name/Location) (Permit)
NAME CONGREGATED PRISON OF N.Y.
ADDRESS HUDSON POINT STATION 81.2 S 3
 A TOWNS PLACE, ROOM 300
 NEW YORK N.Y. 10013
FACILITY
LOCATION

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

NY0004477
PERMIT NUMBER

001 0
DISCHARGE NUMBER

MAJOR (SUBR 03) IN
 P - FINAL
 SECONDARY DENERALIZER SC
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|-------------------------|----|-----|----|-------------------------|----|-----|
| 92 | 11 | 07 | TO | 92 | 11 | 30 |
| (20-21) (22-23) (24-25) | | | | (26-27) (28-29) (30-31) | | |

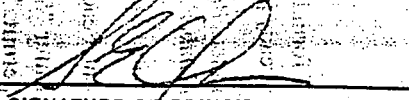
*** NO DISCHARGE! ***
NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | X | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUALITY 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 | | | |
| FLOW IN CONDUIT OR THROUGH TREATMENT PLANT | | 0.044 | 0.057 | (GPD) | ***** | ***** | ***** | | | INSTANT |
| PERMIT REQUIREMENT | | REPORT | REPORT | DAILY BY MGD | ***** | ***** | ***** | | | INSTANT |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | |

9402010323 921222
 PDR ADDCK 0500003
 PDR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Stephen Quinn
 General 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 USC 1001 AND 33 USC 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 NUMBER: 212 212 21
 DATE: 12 21
 YEAR: 92 MO: 12 DAY: 21

COMMENT 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) (ferent)
 NAME CONCO...
 ADDRESS...
 FACILITY...
 LOCATION...

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

NY0076677
 PERMIT NUMBER
 001
 DISCHARGE NUMBER

MAJDP
 (SUBP 03)
 FINAL
 ION EXCHANGE PLANTS
 Form Approved
 OMB No. 2040-0004
 Approval expires 6-30-91.

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 72 | 11 | 01 | | 72 | 11 | 30 |
| | (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) QUALITY OR CONCENTRATION (46-53) | | | 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 | | 0.047 | 0.062 | (G/S) | ***** | ***** | ***** | 0 | 7/7 | INSTA |
| PERMIT REQUIREMENT | | REPORT | REPORT | MGD | ***** | ***** | ***** | | WEEKLY | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Stephen J. ...
 General 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
 [Signature]

TELEPHONE NUMBER
 DATE
 YEAR MO DAY
 92 12 21

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

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if different)
 NAME: COMBUSTION SECTION OF N.Y.
 ADDRESS: STATION POINT STATION #1-2 & 3
 2 TRADING PLACE, ROOM 502
 NEW YORK, N.Y. 10005
 FACILITY: _____
 LOCATION: _____
 ATTN: MR. ROBERT KEEGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 NY0004472 PERMIT NUMBER
 001 5 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 72 11 01 72 11 01
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 03) W-01 FINAL
 FORM APPROVED
 OMB No. 2040-0004
 Approval expires 6-30-91.
 BOILER SLOWDOWN
 *** 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) QUALITY 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 60050 1 0 0 EFFLUENT CROSS VALUE | 0.007 | 0.007 | (03) | ***** | ***** | ***** | 0 | 7/3 | INSTAN | |
| PHOSPHATE, TOTAL COLOR, METHOD (AS P) 70505 1 0 0 EFFLUENT CROSS VALUE | 0.17 | 0.18 | (26) | ***** | ***** | ***** | 0 | 1/30 | GRAB | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
 STEPHEN M. KEEGAN
 General 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 USC § 1001 AND 33 USC § 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
 [Signature]

TELEPHONE NUMBER: 914 232-1221
 DATE: 12 21

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

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if different)
NAME CONDO LOCATED WATSON ST N.Y.
ADDRESS 1000 WATSON ST STATION #127 N.Y.
 10003
FACILITY
LOCATION

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

NY0004477
PERMIT NUMBER
 077 J
DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 20 | 11 | 01 | | 20 | 11 | 01 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

MAJOR DISCHARGE (SUBR 03) FLOOR DRAINS
 Form Approved OMB No. 2040-0004
 Approval expires 6-30-91.

*** 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) QUALITY OR CONCENTRATION (46-53) | | | 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 | 0.053 | 0.115 | (83) | ***** | ***** | ***** | 0 | 1/7 | ESTIMATE | |
| FOIL AND GREASE VISUAL | 0 | ***** | (94) | ***** | ***** | ***** | 0 | 1/7 | VISUAL | |

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
 STEPHEN M. ...
 SIGNED 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 USC § 1001 AND 33 USC § 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: 714 500 5201
 DATE: 12 21

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

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if different)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS CENTRAL POINT STATION #322 2 3
 1 TRINITY PLACE ROOM 300
 NEW YORK, N.Y. 10003
FACILITY
LOCATION

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

NY0004472
PERMIT NUMBER
 001 K
DISCHARGE NUMBER

MAJOR (SUBR 03) Form Approved OMB No. 2040-0004.
 P - FINAL Approval expires 6-30-91.
 TOTAL FACILITY DISCHARGE CANAL

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 92 | 11 | 01 | | 92 | 11 | 30 |
| | (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) QUALITY OR CONCENTRATION (46-53) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|-----------------|---------------|--|-----------------|-----------------|----------------|-------------------------------|---------------------|
| | | AVERAGE (54-55) | MAXIMUM (56-57) | UNITS (58-59) | MINIMUM (60-61) | AVERAGE (62-63) | MAXIMUM (64-65) | | | |
| TEMPERATURE, WATER DEG. FAHRENHEIT 00011 | ***** | ***** | () | ***** | ***** | 79.7 | (15) | 0 | 7/7 | GRAB |
| PH 00400 | ***** | ***** | () | ***** | ***** | 7.1 | (18) | 0 | | |
| IRON, TOTAL 01022 | ***** | 113.0 | (25) | ***** | ***** | 2.011 | (18) | 0 | 4/5 | CALCD |
| LITHIUM, TOTAL 01132 | ***** | ***** | () | ***** | ***** | <.001 | (19) | 0 | 1/30 | CALCD |
| CHLORINE, RESIDUAL 00060 | ***** | ***** | () | ***** | ***** | 0.15 | (19) | 0 | CONTIN | CONTIN |

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
 Stephen J. ...
 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 USC §1001 AND 33 USC §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
 [Signature]

TELEPHONE: [Area Code] [Number] [Year] [MO] [DAY]

COMMENT 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.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location) (Permit)
NAME CONSOLIDATED EDISON OF N.Y.
ADDRESS 1000 BOONTZ STATION #1, 2 & 3
 4 TRAVING PLACE, ROOM 300
 NEW YORK, N.Y. 10007
FACILITY
LOCATION
 ATTENT: DR. ROBERT KREGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 NY0004472
 PERMIT NUMBER
 001 M
 DISCHARGE NUMBER
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 72 11 01 72 11 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 03) OMB No. 2040-0004
 Form Approved
 Final Approval expires 6-30-91.
 SUM OF OUTFALLS 0010 & 0010
 *** 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) QUALITY OR CONCENTRATION (38-45) | | | NO. EX. (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|---------|-------|--|---------|---------|-----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT 30000 VALUE | ***** | ***** | () | ***** | 0.004 | 0.005 | () | 0 | 1/30 | GRAB |
| CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT 30000 VALUE | ***** | ***** | () | ***** | 0.007 | 0.016 | () | 0 | 1/7 | GRAB |
| LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT 30000 VALUE | ***** | ***** | () | ***** | 0.02 | 0.04 | () | 0 | 1/30 | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 30050 1 0 0 EFFLUENT 30000 VALUE | 0.008 | 0.013 | () | ***** | ***** | ***** | () | 0 | 7/7 | INSTANT |

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
 Robert Kregan
 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 USC § 1001 AND 33 USC § 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
 [Signature]

TELEPHONE NUMBER: 914 520 2100
 DATE: 12 21

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME ROBERT EDISON DE NY
ADDRESS INDIAN POINT STATION #1 2 3
 7 SOUTH BLOCK ROOM 400
 NEW YORK NY 10003
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 NY0006477
 031 N
PERMIT NUMBER **DISCHARGE NUMBER**
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 92 11 01 92 11 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 00) SW Form Approved
 OMB No. 2040-0004
 9 - FINAL Approval expires 6-30-91.
 SUM OF OUTFALLS 0010-0-0, 00011
 *** 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) QUALITY OR CONCENTRATION (46-53) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|---------|-------|--|---------|---------|-------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BORON, TOTAL (AS) | ***** | ***** | () | ***** | 20.5 | 33.9 | (18) | 0 | 47 | RMAD | |
| PERMIT REQUIREMENT | ***** | ***** | *** | ***** | REPORT | REPORT | | | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | 0.324 | 0.396 | (03) | ***** | ***** | ***** | () | 0 | 7/9 | INSTAN | |
| PERMIT REQUIREMENT | REPORT | REPORT | *** | ***** | ***** | ***** | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

NAME/TITLE-PRINCIPAL EXECUTIVE OFFICER
 Stephen J. ...
 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 \$100,000 and/or maximum imprisonment of between 6 months and 5 years.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 DATE
 YEAR MO DAY
 92 12 21

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location if relevant)
 NAME CONG. COATED PAPER OF N.Y.
 ADDRESS THAYER POINT STATION BLVD # 3
7 TAVING PLACE, ZOOX 300
NEW YORK NY 10007
 FACILITY _____
 LOCATION _____
 ATTN: DR. ROBERT KEEGAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NY9004472
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MAJOR (SUBR 05) 3M Form Approved OMB No. 2040-0004
 9 - FINAL Approval expires 6-30-91.
 FILTER BACKWASH

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 72 | 11 | 01 | | 72 | 11 | 30 |
| | (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) QUALITY OR CONCENTRATION (38-45) | | | QUALITY OR CONCENTRATION (54-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--------------------|---|---|--------------|-------|--|---------|---------|----------------------------------|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | | | |
| FLOW RATE | | 28200 | 28226 | (37) | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 7/5 | INSTAN |
| PERMIT REQUIREMENT | | REPORT DAILY | REPORT DAILY | 570 | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| SAMPLE MEASUREMENT | | | | | | | | | | | | | |
| 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
 Robert Keegan
 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
 Robert Keegan

TELEPHONE: 212 264 1221
 DATE: 11/01/72

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 OUTFALL 0012 = 001K IN PERMIT

PERMITTEE NAME AND ADDRESS (Include Facility Name/Location) (Permit)
 NAME: ...
 ADDRESS: ...
 FACILITY: ...
 LOCATION: ...

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER: NY0104472
 DISCHARGE NUMBER: ...

MONITORING PERIOD

| YEAR | MO | DAY | TO | YEAR | MO | DAY |
|---------|---------|---------|----|---------|---------|---------|
| 72 | 11 | 01 | TO | 72 | 11 | 30 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

Form Approved OMB No. 2040-0004
 Approval expires 6-30-91
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | QUANTITY OR LOADING (3 Card Only) (46-53) | | | QUALITY OR CONCENTRATION (4 Card Only) (38-45) (46-53) (34-61) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) | |
|--------------------|--------------------|---|---------|-------|--|---------|---------|----------------|-------------------------------|---------------------|-------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| OIL AND GREASE | ***** | ***** | ***** | () | ***** | ***** | 0.8 | () | 0 | 1/30 | LAB |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** |

NAME/TITLE - PRINCIPAL EXECUTIVE OFFICER
 STEPHEN ...
 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 USC § 1001 AND 33 USC § 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
 [Signature]

TELEPHONE: 414 320 2211
 DATE: 12 21

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

PERMITTEE NAME (Include Facility Name/Location) **INDIAN POINT STATION**
 ADDRESS **INDIAN POINT STATION 11, 2 & 3**
NEW YORK NY 10007
 FACILITY **INDIAN POINT STATION**
 LOCATION **INDIAN POINT STATION**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

NY0004472
 PERMIT NUMBER
 SUM# 7
 DISCHARGE NUMBER

MAJOR DISCHARGE
 FORM APPROVED
 OMB No. 2040-0004
 Approval expires 6-30-91
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

MONITORING PERIOD

| | | | | | | | |
|------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 72 | 11 | 06 | | 72 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

| PARAMETER (32-37) | SAMPLE MEASUREMENT | QUANTITY OR LOADING (34-53) | | | QUALITY OR CONCENTRATION (38-45) | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|-----------------------------|---------|-------|----------------------------------|---------|---------|----------------|-------------------------------|---------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| SOLIDS, TOTAL SUSPENDED | ***** | ***** | () | ***** | 4.9 | 7.4 | (19) | 0 | 1/7 | LRNB |
| PERMIT REQUIREMENT | ***** | ***** | *** | ***** | DAILY | DAILY | MONTHLY | | | REGULAR |
| FLOW, IN CONDUIT OR THROUGH TREATMENT PLANT | 0.407 | 0.472 | (05) | ***** | ***** | ***** | () | 0 | 7/5 | INSTANT |
| PERMIT REQUIREMENT | REPORT | REPORT | MGD | ***** | ***** | ***** | ***** | | | REGULAR |
| TEMPERATURE | 10.0 | 10.0 | () | ***** | ***** | ***** | () | | | REGULAR |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | REGULAR |
| PH | 7.0 | 7.0 | () | ***** | ***** | ***** | () | | | REGULAR |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | REGULAR |
| DO | 1.0 | 1.0 | () | ***** | ***** | ***** | () | | | REGULAR |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | REGULAR |
| 50-1 (69-78) | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | REGULAR |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | REGULAR |

NAME/TITLE: **STEPHEN J. ...**
 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 AREA CODE NUMBER
 DATE YEAR MO DAY