

## IPRenewal NPEmails

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**From:** Gray, Dara F [DGray@entergy.com]  
**Sent:** Thursday, September 02, 2010 6:20 AM  
**To:** Stuyvenberg, Andrew  
**Subject:** Permit Updates  
**Attachments:** Buchanan GT SPDES Permit Renewal.pdf; IP2 2007 Sim XFMR Permit.pdf

**Drew**

I apologize. The permits that I sent were indeed, the old ones. Here are the most recent versions.

Also, I had a quick question for you – so when would be a good time to call?

Thanks

*Dara Gray, REM*

Chemistry/Environmental

Indian Point Energy Center

(914) 736-8414

[DGray@Entergy.com](mailto:DGray@Entergy.com)

This e-mail and any attachments thereto are intended only for the use by the addressee(s) named herein and contain proprietary and confidential information. If you are not the intended recipient of this e-mail, you are hereby notified

**Hearing Identifier:** IndianPointUnits2and3NonPublic\_EX  
**Email Number:** 2024

**Mail Envelope Properties** (DCB622189B67AD49AE39CD3ED1B4D99D0EBD9F45)

**Subject:** Permit Updates  
**Sent Date:** 9/2/2010 6:20:08 AM  
**Received Date:** 9/2/2010 6:24:15 AM  
**From:** Gray, Dara F

**Created By:** DGray@entergy.com

**Recipients:**  
"Stuyvenberg, Andrew" <Andrew.Stuyvenberg@nrc.gov>  
Tracking Status: None

**Post Office:** IPCEXETSP001.etrsouth.corp.entergy.com

<b>Files</b>	<b>Size</b>	<b>Date &amp; Time</b>
MESSAGE	568	9/2/2010 6:24:15 AM
Buchanan GT SPDES Permit Renewal.pdf		279699
IP2 2007 Sim XFMR Permit.pdf	1645970	

**Options**  
**Priority:** Standard  
**Return Notification:** Yes  
**Reply Requested:** Yes  
**Sensitivity:** Normal  
**Expiration Date:**  
**Recipients Received:**

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
State Pollutant Discharge Elimination System (SPDES)  
NOTICE / RENEWAL APPLICATION / PERMIT



Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink.

PART 1 - NOTICE

05/16/2007

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

ENTERGY  
FRED DACIMO  
295 BROADWAY, SUITE 1  
BUCHANAN NY 10511

Name: BUCHANAN GAS TURBINE SITE  
Ind. Code: 4939 County: WESTCHESTER  
DEC No.: 3-5522-00130/00001  
SPDES No.: NY 023 4826  
Expiration Date: 03/01/2008  
Application Due By: 09/03/2007

(T)  
Buchanan  
OIS

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. Effective April 1, 1994 the Department no longer assesses SPDES application fees.

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

FRED DACIMO  
Name of person signing application (see instructions on back)

VICE PRESIDENT  
Title

Signature

Date

6-14-07

RECEIVED NYSDEC  
ENVIRONMENTAL PERMITS  
07 JUN 19 PM 55

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 3/1/08 Expiration Date: 2/28/13

William R. Adriance  
Permit Administrator

NYSDEC - Division of Environmental Permits  
Bureau of Environmental Analysis  
625 Broadway, Albany, NY 12233-1750

Signature

Date

AUG - 8 2007

This permit together with the previous valid permit for this facility issued 3/1/03 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated \_\_\_/\_\_\_/\_\_\_



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Please enter the numbers from your current permit:	DEC Number: <u>3 - 5522 - 00130/0001</u> -
	SPDES Number: NY <u>NY 023 4826</u>

SPDES RENEWAL APPLICATION QUESTIONNAIRE

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR COMPLETED APPLICATION**

Please **TYPE** or **PRINT** neatly using adequate pressure to make ALL copies legible. Keep a copy for your records.

- Has the SPDES permit for your facility been modified in the past 5 years  YES  NO
- Dischargers who use, manufacture, store, handle or discharge toxic or hazardous pollutants are subject to Industrial Best Management Practices (BMP) plan requirements for toxic or hazardous substances. A BMP plan prevents or minimizes the potential for release of pollutants to receiving waters from such ancillary industrial activities, including material storage areas; plant site runoff; in-plant transfer; process and material storage areas; loading and unloading operations, and sludge and waste disposal areas.

Does your facility conduct ancillary activities as described above, which are not covered by BMP requirements in your current permit?  YES  NO

Please indicate which of the following best describes the situation at your facility:

- None of the concerns on the "Self Evaluation List" seem to apply to my facility at this time and I will not be applying for a modification of the SPDES permit in the foreseeable future.
- Yes, some of the items on the "Self Evaluation List" have led me to believe that the permit for this facility needs to be modified. I already have a complete modification application pending with the Department.
- Yes, some of the items on the "Self Evaluation List" have led me to believe that the SPDES permit for this facility may need to be Modified. I have requested the appropriate forms by phone OR I have completed and attached the "Request For SPDES Application Forms" (included in this renewal package) to allow me to submit a permittee-initiated Modification application. See The "Request For SPDES Application Forms" page for a toll free 800 number.
- The items on the "Self Evaluation List" have left me unable to conclude whether my permit needs to be modified at this time. I am reporting the following general concerns about my permit:

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DISTRIBUTION: Regional Water Engineer  
Regional Permit Administrator  
Central Office (BWP)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**State Pollutant Discharge Elimination System (SPDES)**  
**NOTICE / RENEWAL APPLICATION / PERMIT**



Please read **ALL** instructions on the back before completing this application form. Please **TYPE** or **PRINT** clearly in ink.

**PART 1 - NOTICE** 05/16/2007

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

ENTERGY NUCLEAR INDIAN POINT 2, LLC  
 DARA GRAY  
 450 BROADWAY, SUITE 1  
 BUCHANAN NY 10511

Name: INDIAN POINT SIMULATOR TRANSFORM  
 Ind. Code: 4939 County: WESTCHESTER  
 DEC No.: 3-5522-00 011/00027  
 SPDES No.: NY 025 0414  
 Expiration Date: 03/01/2008  
 Application Due By: 09/03/2007

**Are these name(s) & address(es) correct?** if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application **at least 180 days prior to expiration of your current permit.** Note the "Application Due By" date above.

**CAUTION:** This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. *Effective April 1, 1994 the Department no longer assesses SPDES application fees.*

**If there are changes to your discharge, or to operations affecting the discharge,** then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

**PART 2 - RENEWAL APPLICATION**

**CERTIFICATION:** I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Name of person signing application (see instructions on back) FRED DAGIMO Title VICE PRESIDENT  
 Signature [Signature] Date 6-14-07

**PART 3 - PERMIT (Below this line - Official Use Only)**

Effective Date: 3/1/08 Expiration Date: 2/28/13

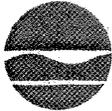
William R. Adriance  
 Permit Administrator

Address: NYSDEC - Division of Environmental Permits  
 Bureau of Environmental Analysis  
 625 Broadway, Albany, NY 12233-1750

Signature William R. Adriance Date FEB 15 2008

This permit together with the previous valid permit for this facility issued 3/1/03 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated \_\_\_\_\_ / \_\_\_\_\_



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Please enter the numbers from your current permit:	DEC Number: <u>3 - 5522-00011 / 00027</u>
	SPDES Number: NY <u>025 0414</u>

SPDES RENEWAL APPLICATION QUESTIONNAIRE

**THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR COMPLETED APPLICATION**

Please **TYPE** or **PRINT** neatly using adequate pressure to make ALL copies legible. Keep a copy for your records.

- Has the SPDES permit for your facility been modified in the past 5 years  YES  NO
- Dischargers who use, manufacture, store, handle or discharge toxic or hazardous pollutants are subject to Industrial Best Management Practices (BMP) plan requirements for toxic or hazardous substances. A BMP plan prevents or minimizes the potential for release of pollutants to receiving waters from such ancillary industrial activities, including material storage areas; plant site runoff; in-plant transfer; process and material storage areas; loading and unloading operations, and sludge and waste disposal areas.

Does your facility conduct ancillary activities as described above, which are not covered by BMP requirements in your current permit?  YES  NO

Please indicate which of the following best describes the situation at your facility:

- None of the concerns on the "Self Evaluation List" seem to apply to my facility at this time and I will not be applying for a modification of the SPDES permit in the foreseeable future.
- Yes, some of the items on the "Self Evaluation List" have led me to believe that the permit for this facility needs to be modified. I already have a complete modification application pending with the Department.
- Yes, some of the items on the "Self Evaluation List" have led me to believe that the SPDES permit for this facility may need to be Modified. I have requested the appropriate forms by phone OR I have completed and attached the "Request For SPDES Application Forms" (included in this renewal package) to allow me to submit a permittee-initiated Modification application. See The "Request For SPDES Application Forms" page for a toll free 800 number.
- The items on the "Self Evaluation List" have left me unable to conclude whether my permit needs to be modified at this time. I am reporting the following general concerns about my permit:

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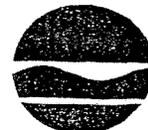
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DISTRIBUTION: Regional Water Engineer  
Regional Permit Administrator  
Central Office (BWP)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
State Pollutant Discharge Elimination System (SPDES)  
NOTICE / RENEWAL APPLICATION / PERMIT



Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink.

PART 1 - NOTICE

09/24/2002

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

ENTERGY NUCLEAR INDIAN POINT 2, LLC  
~~MICHAEL R KANSLER~~ FRED DACIMO  
~~440 HAMILTON AVE~~  
~~WHITE PLAINS NY 10601~~  
295 BROADWAY, SUITE 1  
BUCHANAN, NY 10511

Name: INDIAN POINT SIMULATOR TRANSFORMER  
Ind. Code: 4939 County: WESTCHESTER  
DEC No.: 3-5522-00130/00001  
SPDES No.: NY 025 0414  
Expiration Date: 03/01/2003  
Application Due By: 09/02/2002

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. Effective April 1, 1994 the Department no longer assesses SPDES application fees.

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

FRED DACIMO VICE PRESIDENT  
Name of person signing application (see instructions on back) Title

Signature Date 10/22/02

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 03/01/03 Expiration Date: 03/01/08

William R. Adriance

Permit Administrator

Address:

NYSDEC - Division of Environmental Permits  
Bureau of Environmental Analysis  
625 Broadway, Albany, NY 12233-1750

Signature Date 03/04/03

This permit together with the previous valid permit for this facility issued 10/16/97 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated 11/90

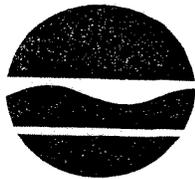
# New York State Department of Environmental Conservation

## Division of Environmental Permits, 4<sup>th</sup> Floor

625 Broadway, Albany, New York 12233-1750

Phone: (518) 402-9167 • FAX: (518) 402-9168

Website: www.dec.state.ny.us



Erin M. Crotty  
Commissioner

March 4, 2003  
FRED DACIMO  
ENTERGERY NUCLEAR INDIAN POINT 2  
295 BROADWAY, SUITE 2  
BUCHANAN, NY 10511

FACILITY INFORMATION  
INDIAN POINT SIMULATOR TRANSFORMER VAULT  
LOCATION: BUCHANAN (T)  
COUNTY: WESTCHESTER  
DEC NO: 3-5522-00130/00001  
SPDES NO:: NY 025 0414

Dear SPDES Permittee:

Enclosed please find your renewed State Pollutant Discharge Elimination System (SPDES) permit. This renewal permit together with the previously issued valid permit constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in your previously issued permit, including any valid modifications. Under the Environmental Benefit Permit Strategy, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as permittee-initiated modifications, permit transfers to a new owner, name changes, and other questions should be directed to the regional Permit Administrator at the following address:

Margaret Duke  
NYSDEC REGION 3  
21 S Putt Corners Rd  
New Paltz, NY 12561-1696  
(845) 256-3054

**IMPORTANT NOTICE** - In accordance with Article 17 Title 8 (State Pollutant Discharge Elimination System) and Article 70 (Uniform Procedures) of the Environmental Conservation Law, your permit is subject to the Discharge Notification Act (DNA). This law requires permittees to post a sign near each outfall of a wastewater discharge to surface waters, and also to provide a public repository for Discharge Monitoring Reports (DMRs) required by the SPDES permit. To initiate your complying with the provisions of the DNA, the Department has elected to modify your permit during this renewal period.

*Please note, however, that compliance with DNA requirements can be waived in certain cases.* If an outfall meets any of the circumstances listed in (g) under **DISCHARGE NOTIFICATION REQUIREMENTS**, in the enclosed modified permit, you need only notify the DNA Program Specialist using the enclosed Notice of Waive form. If applicable, this completed form must be sent to the Bureau of Water Permits, NYSDEC, 625 Broadway, Albany, NY 12233-3505. In this case, construction of a sign and maintaining of DMRs in a public repository, *for the specific outfall or outfalls indicated in the Notice of Waiver*, is not required.

Sign and repository requirements will become effective (unless waived) 30 DAYS after the date of this letter. Should you object to this DNA modification, you must submit a written statement to the Regional Permit Administrator with 15 days of the date of this letter, giving supporting reasons why the permit should not be modified, or to request a hearing, or both.

If you have questions concerning this permit renewal, please contact Lynn Kaplan at (518) 402-9165. If you have questions pertaining to the requirements of the Discharge Notification Act, please contact your Regional Water Engineer (see attached list and Region Map). Thank you.

Sincerely,

*William R. Adriance*

William R. Adriance  
Chief Permit Administrator

cc: sures

RPA

RWE

BWP

**DISCHARGE NOTIFICATION REQUIREMENTS**

- (a) Except as provided in (c), (f) and (g) of these Discharge Notification Act requirements, the permittee shall install and maintain identification signs at all outfalls to surface waters listed in this permit. Such signs shall be installed within 90 days of the Effective Date of this Modification.
- (b) Subsequent modifications to or renewal of this permit does not reset or revise the deadline set forth in (a) above, unless a new deadline is set explicitly by such permit modification or renewal.
- (c) The Discharge Notification Requirements described herein do not apply to outfalls from which the discharge is composed exclusively of storm water, or discharges to ground water.
- (d) The sign(s) shall be conspicuous, legible and in as close proximity to the point of discharge as is reasonably possible while ensuring the maximum visibility from the surface water and shore. The signs shall be installed in such a manner to pose minimal hazard to navigation, bathing or other water related activities. If the public has access to the water from the land in the vicinity of the outfall, an identical sign shall be posted to be visible from the direction approaching the surface water.

The signs shall have **minimum** dimensions of eighteen inches by twenty four inches (18" x 24") and shall have white letters on a green background and contain the following information:

**N.Y.S. PERMITTED DISCHARGE POINT**

**SPDES PERMIT No.:** NY \_\_\_\_\_

**OUTFALL No. :** \_\_\_\_\_

For information about this permitted discharge contact:

Permittee Name: \_\_\_\_\_

Permittee Contact: \_\_\_\_\_

Permittee Phone: (    ) - ### - ####

OR:

NYSDEC Division of Water Regional Office Address :

NYSDEC Division of Water Regional Phone: (    ) - ### - ####

- (e) For each discharge required to have a sign in accordance with a), the permittee shall, concurrent with the installation of the sign, provide a repository of copies of the Discharge Monitoring Reports (DMRs), as required by the **RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS** page of this permit. This repository shall be open to the public, at a minimum, during normal daytime business hours. The repository may be at the business office repository of the permittee or at an off-premises location of its choice (such location shall be the village, town, city or county clerk's office, the local library or other location as approved by the Department ). In accordance with the **RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS** page of your permit, each DMR shall be maintained on record for a period of three years.

(continued)

- (f) If, upon November 1, 1997, the permittee has installed signs that include the information required by 17-0815-a(2)(a) of the ECL, but do not meet the specifications listed above, the permittee may continue to use the existing signs for a period of up to five years, after which the signs shall comply with the specifications listed above.
- (g) All requirements of the Discharge Notification Act, including public repository requirements, are waived for any outfall meeting any of the following circumstances, provided Department notification is made in accordance with (h):
- (i) such sign would be inconsistent with any other state or federal statute;
  - (ii) the Discharge Notification Requirements contained herein would require that such sign could only be located in an area that is damaged by ice or flooding due to a one-year storm or storms of less severity;
  - (iii) instances in which the outfall to the receiving water is located on private or government property which is restricted to the public through fencing, patrolling, or other control mechanisms. Property which is posted only, without additional control mechanisms, does not qualify for this provision;
  - (iv) instances where the outfall pipe or channel discharges to another outfall pipe or channel, before discharge to a receiving water; or
  - (v) instances in which the discharge from the outfall is located in the receiving water, two-hundred or more feet from the shoreline of the receiving water.
- (h) If the permittee believes that any outfall which discharges wastewater from the permitted facility meets any of the waiver criteria listed in (g) above, notification (form enclosed) must be made to the Department's Bureau of Water Permits, Central Office, of such fact, and, provided there is no objection by the Department, a sign and DMR repository for the involved outfall(s) are not required. This notification must include the facility's name, address, telephone number, contact, permit number, outfall number(s), and reason why such outfall(s) is waived from the requirements of discharge notification. The Department may evaluate the applicability of a waiver at any time, and take appropriate measures to assure that the ECL and associated regulations are complied with.
- (i) The permittee shall periodically inspect the outfall identification signs in order to ensure that they are maintained, are still visible and contain information that is current and factually correct.



New York State Department of Environmental Conservation  
Division of Environmental Permits, Room 538

10 Wolf Road, Albany, New York 12233-1760  
Phone: (518) 457-2224 FAX: (518) 457-5965

October 16, 1997



John P. Cahill  
Commissioner

HARRY COATES  
CON EDISON CO OF NEW YORK INC.  
4 IRVING PLACE, ROOM 300  
NEW YORK, NY 10003

FACILITY INFORMATION

INDIAN POINT SIMULATOR TRANSFORMER VAULT  
LOCATION : BUCHANAN (T)  
COUNTY : WESTCHESTER  
DEC NO : 3-5522-00130-00001-  
SPDES NO : NY 025 0414

Dear SPDES Permittee:

Enclosed please find your renewed State Pollutant Discharge Elimination System (SPDES) permit which becomes effective on the date your current permit expires. This renewal permit together with the current valid permit constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in your current permit, including any valid modifications.

The instructions and other information that you received with the NOTICE/RENEWAL APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Margaret Duke  
NYSDEC REGION 3  
21 S Putt Corners Rd  
New Paltz, NY 12561-1696  
(914) 256-3059

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact me at (518) 457-2224.

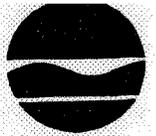
Sincerely,

Debra A. Devine  
Environmental Analyst 1

Enclosure

cc: RPA  
RWE  
BWFD

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
State Pollutant Discharge Elimination System (SPDES)  
NOTICE/RENEWAL APPLICATION/PERMIT



Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink.

PART 1 - NOTICE

05/15/1997

Permittee Contact Name, Title, Address  
3-5522-00130/00001

Facility and SPDES Permit Information

CON EDISON CO OF NEW YORK INC.  
~~ROBERT [unclear]~~ Harry Coates  
4 IRVING PLACE, ROOM 300  
NEW YORK NY 10003

Name: INDIAN POINT SIMULATOR TRANSFORMER  
Ind. Code: 4911 County: WESTCHESTER  
DEC No.: 3-5522-00130/00001  
SPDES No.: NY 025 0414  
Expiration Date: 03/01/1998  
Application Due By: 09/02/1997

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

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PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

M. Peter Lanahan Vice President  
Name of person signing application (see instructions on back) Title  
*[Signature]* Date 8/5/97  
Signature

RECEIVED  
REGISTRATION  
97 AUG 12 4:11:00

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 3/1/98 Expiration Date: 3/1/03

Debra Devine  
Permit Administrator

Address: NYSDEC - Compliance Services  
Permit and Registration Services  
50 Wolf Road, Albany, NY 12233-1760

*[Signature]* Date 10/16/97  
Signature

This permit together with the previous valid permit for this facility issued 02/17/93 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated 11/90

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 State Pollutant Discharge Elimination System (SPDES)

DISCHARGE PERMIT  
 Special Conditions (Part I)

Industrial Code: 4911  
 Discharge Class (CL): 04  
 Toxic Class (TX): N  
 Major Drainage Basin: 13  
 Sub Drainage Basin: 01  
 Water Index Number: HR-MAIN STEM  
 Compact Area: ISC

SPDES Number: NY- 0250414  
 DEC Number: 3-5522-00011/4-0  
 Effective Date (EDP): March 1, 1993  
 Expiration Date (ExPD): March 1, 1998  
 Modification Date(s): \_\_\_\_\_  
 Attachment(s): General Conditions (Part II) Date: 11/90

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et.seq.) (hereinafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS: \_\_\_\_\_ Attention: Robert T. Keegan

Name: Con Edison Co. of New York, Inc.  
 Street: 4 Irving Place Room 300  
 City: New York State: NY Zip Code: 10003

is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS:

Name: Indian Point Simulator Transformer Vault  
 Location (C,T,V): Buchanan County: Westchester  
 Facility Address: Broadway & Bleakley Avenue  
 City: Buchanan State: NY Zip Code: 10511  
 NYTM-E: \_\_\_\_\_ NYTM-N: 4  
 From Outfall No. 001 at Latitude: 41° 16' 05" & Longitude: 73° 57' 05"  
 into receiving waters known as: Ground Surface Trib. to Hudson River Class: SB

and: (list other Outfalls, Receiving Waters & Water Classifications)

in accordance with the effluent limitations, monitoring requirements and other conditions set forth in Special Conditions (Part I) and General Conditions (Part II) of this permit.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Responsible Official or Agent: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for permit renewal not less than 180 days prior to the expiration date shown above.

TRIBUTION: E. Zicca  
R. Hannaford (3505)  
J. Cianci. (1750)  
Westchester Co. DOH  
USEPA (NYC)  
ISC (NYC)

Permit Administrator: <u>Michael D. Merriman</u>		<u>LGB</u>
Address: <u>21 S. Putt Corners Rd., New Paltz, NY 12561</u>		
Signature: <u>Michael D. Merriman</u>	Date: <u>Feb 17, 1993</u>	

## EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning March 1, 1993and lasting until March 1, 1998

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall Number & Effluent Parameter	Discharge Limitations Daily Avg.	Daily Max.	Units	Minimum Monitoring Requirements	
				Measurement Frequency	Sample Type
001					
At discharge to ground surface after oil/water separator					
Flow	NA	Monitor	GPD	Monthly	Instantaneous
Oil & Grease		15	mg/l	Monthly	Grab**
*pH (Range)	6.0 - 9.0		SU	Monthly	Grab

\*\*One, two, or three samples may be collected and analyzed per sampling event. The samples will be grab samples obtained at 15 minute intervals with the primary samples collected during the first 15 minutes of discharge. If more than one grab sample is collected and analyzed per sampling event, the number reported will be the arithmetic average of the separate analysis.

Outfall is discharge from oil/water separator serving only the simulator transformer vault.

\*A measured effluent pH value that is outside of the 6 - 9 range shall not be a permit violation if the exceedance is caused by the pH of rainwater. The permittee may demonstrate this by measuring the pH of rainwater outside the transformer vault.

Special Condition:

By no later than August 1, 1993 the permittee shall discontinue the existing discharge to groundwaters via a dry well, to be replaced by discharge to the ground surface. A splash pad or other appropriate structure shall be installed to control erosion at the discharge point.

## RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

- a) The permittee shall also refer to the General Conditions (Part II) of this permit for additional information concerning monitoring and reporting requirements and conditions.
- b) The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. Also;
- (if box is checked) monitoring information required by this permit shall be summarized and reported by submitting completed and signed Discharge Monitoring Report (DMR) forms for each \_\_\_\_\_ month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

Send the original (top sheet) of each DMR page to:

Department of Environmental Conservation  
 Division of Water  
 Bureau of Wastewater Facilities Operations  
 50 Wolf Road  
 Albany, New York 12233-3506  
 Phone: (518) 457-3790

Westchester County Health Department  
 112 East Post Road  
 White Plains, NY 10601

Send the first copy (second sheet) of each DMR page to:

Department of Environmental Conservation  
 Regional Water Engineer  
 200 White Plains Road  
 Tarrytown, NY 10591

- c) A monthly "Wastewater Facility Operation Report..." (form 92-15-7) shall be submitted (if box is checked) to the  Regional Water Engineer and/or  County Health Department or Environmental Control Agency listed above.
- d) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II)
- e) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- f) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- g) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- h) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period.
- i) Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A. Rockefeller Empire State Plaza, Albany, New York 12201.