

March 17, 2000



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

NYSDEC - Division of Water
SPDES Compliance Information Section
Bureau of Watershed Compliance Programs
50 Wolf Road - Room 340
Albany, New York 12233-3506

Re: Monthly Discharge Monitoring Report
Permit #NY0004472
Con Edison - Indian Point Unit 1 and Unit 2
New York Power Authority Indian Point Unit 3

Gentlemen:

Enclosed are the Discharge Monitoring Reports (DMR) for the month of February 2000. Two separate event reports are attached for non-compliance. One report of non-compliance is associated with maintenance of the required head differential in the site discharge canal. The second event is associated with an occurrence at the New York Power Authority Unit 3 Facility.

Explanation for deviations from the permitted circulator flows are forwarded to the Department of Environmental Conservation as they occur and, therefore, are not enclosed.

If you have any questions regarding this submission, please contact Mr. Reynolds J. Burns of Con Edison (914)734-5605 or Mr. Matthew Kerns of New York Power Authority at (914) 736-8452.

Very truly yours,

A handwritten signature in black ink, appearing to read "Keith Barouch", written over a horizontal line.

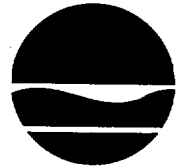
Keith Barouch
Env., Health & Safety Manager
Indian Point Station
Con Edison Units 1 & 2

Enc.

IE25

SECTION 1

New York State Department of Environmental Conservation
Division of Water



Report of Noncompliance Event

To: DEC Water Contact Cesare Manfredi DEC Region: 3

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

SECTION 2

SPDES #: NY-0004472 Facility: New York Power Authority – Indian Point 3

Date of Noncompliance: 2/18/00 Location Outfall Treatment Unit, or Pump Station): 001

Description of Noncompliance(s) and cause(s): On 2/18 at 9 am, it was noted that we were unable to maintain the required 1.75 foot head differential between the discharge canal and the river height. The fall in canal level was the result of the securing of the 3 running circulating water pumps at IP2. Attempts to adjust the ports to achieve the 1.75 feet, within the required four hours were unsuccessful.

Has event ceased? (Yes) (No) If so, when? 4-6 pm Was event due to plant upset? (Yes) (No) SPDES limits violated? (Yes) (No)

Start date, time of event: 2/18/00 9:00 (AM) (PM) End date, time of event 2/18/00 6:00 (AM) (PM)

Date, time oral notification made to DEC? N/A (AM) (PM) DEC Official contacted: _____

Immediate corrective actions: Temporarily increased flow and then initiated manual manipulation of the gates at the discharge ports.

Preventive (long term) corrective actions: Investigation and repair of the motors designed to move the gates. Also, we plan to initiate a routine preventative maintenance activity which will include periodic movement of the gates help prevent future binding of the gates.

SECTION 3

Complete this section if the event was a bypass:

BypassAmount: _____ Was prior DEC authorization received for this event? (Yes) (No)
DEC Official contacted: _____ Date of DEC approval: _____

Describe event in "description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.

SECTION 4

Facility Representative: Ken Peters Title: Licensing Manager Date: 3/3/00

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

Mr. John Marra
NYSDEC
SPDES Permit Program
50 Wolf Road
Albany, NY 12233

Re: 5-day Non-compliance Report SPDES # NY0004472

As required general condition 5.b. of the above-referenced SPDES permit, Con Edison is providing written non-compliance notification. Con Edison first became aware of the circumstances on February 26, 2000.

On February 26 at approximately 1220 hrs, the New Power Authority (operator of Indian Point Unit 3) noticed a release of domestic sewage from a ruptured clean out plug. The sewage spilled out onto an asphalt parking lot and approximately five (5) gallons of sewage entered a storm drain which empties into the discharge canal, which discharges to the Hudson River at Buchanan, NY. NYPA operations (V. Declemente) notified NYSDEC Region 3 (Ms. Wehrfrick) on Feb 26 regarding the 5 gallon sewage release.

The ruptured line was isolated and the clean out plug replaced. All sewage that did not enter the discharge canal was contained on an asphalt parking lot and placed in 55 gallon drums. The sewage was removed by a vendor with a permit to discharge the sewage to the sewage treatment facility in Buchanan, NY.

If you require additional information, please call me at (914) 271-7353 or e-mail me at keppelr@coned.com.

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 **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 C
 DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
 SECONDARY **DEMINERALIZER BD**

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	02	01	00	02	29

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			(03)	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****	ONCE/MONTH	INSTAN	
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
 E, H & S MANAGER
 TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914-734-5674
 DATE: 00 03 17
 AREA CODE NUMBER 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 **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

01N M
 DISCHARGE NUMBER

MAJOR
(SUBR 03)
F - FINAL
REVERSE OSMOSIS REJECT

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE ***

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PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE 00056 1 0 0	REPORT	133175	141120	(07)	*****	*****	*****		0	29/29	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****			WEEKLY INSTAN
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	REPORT	*****	*****	****	*****	0.14	0.23	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 DAILY AV	45 DAILY MX	MG/L			WEEKLY GRAB
OIL & GREASE 00556 1 0 0	REPORT	*****	*****	****	*****	*****	1.9	(19)	0	1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L			WEEKLY GRAB
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith BAROUCH
E, H & S MANAGER
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 914 734-5274
 DATE
 00 03 17

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

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

NAME **CONSOLIDATED EDISON OF NY**
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BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT STATION #1, 2 & 3**
 LOCATION **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

SUM 7
 DISCHARGE NUMBER

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

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

FROM

TO

*** NO DISCHARGE I ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	9.2	29	(19)		1/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 DAILY AV	50 DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.142	0.270	(03)	*****	*****	*****			7/7	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTAN
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

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TELEPHONE
 914-734-5674
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 00 03 17

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

FACILITY **BUCHANAN** NY **10511**
 LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY **10003**

ATTN: **RAYMOND BURNS**

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

NY0004472

PERMIT NUMBER

SUM 4

DISCHARGE NUMBER

MAJOR
 (SUBR 03)

F - FINAL

SUM OF 001C, 001D, 001K & 001

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM 00	02	01	TO 00	02	29	

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(19)	0	1/29	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****			MAXIMUM	MG/L		MONTH	
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TELEPHONE **914 734 5674** DATE **00 03 17**
 AREA CODE NUMBER YEAR MO DAY

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

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

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 LOCATION **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 Z
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
F - FINAL
FILTER BACKWASH

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE ***

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PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE				(07)	*****	*****	*****				
00056 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		WEEKLY	INSTANT
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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TELEPHONE
 914 734-5674
 DATE
 00 03 17

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 LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY 10003
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 N
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
 F - FINAL
 SUM OF OUTFALLS 001B, C, D, & 0011

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B) 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	56.7	737	(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 50050 1 0 0	SAMPLE MEASUREMENT	0.121	0.244	(03)	*****	*****	*****		0	7/7	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTAN
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
 E, H + S MANAGER
 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 914 734 5674
 AREA CODE NUMBER
 DATE
 00 03 17
 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**
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BUCHANAN NY 10511
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 ATTN: **RAYMOND BURNS**

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

NY0004472 PERMIT NUMBER
001 M DISCHARGE NUMBER

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

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD
 FROM YEAR **00** MO **02** DAY **01** TO YEAR **00** MO **02** DAY **29**

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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/ GRAB MONTH	
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	*****	*****		*****	0.27	0.79	(19)	0	1/29	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT DAILY AV	REPORT DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.014	0.031	(03)	*****	*****	*****		0	15/29	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
Keith Barouch
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 TYPED OR PRINTED

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[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **914 734 5274**
 DATE **00 03 17**

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

NAME **CONSOLIDATED EDISON OF NY**
ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
FACILITY LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY 10003
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 K
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01	TO	00	02	29

*** NO DISCHARGE 1 1 ***

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PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W O O SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****		(15)	0	29/29	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110	DAILY MX			DAILY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8	(12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0	*****	9.0	MINIMUM MAXIMUM			WEEKLY GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	88.2	(26)	*****	*****	0.0075	(19)	0	1/7	CALCD
	PERMIT REQUIREMENT	*****	525	DAILY MX	*****	*****	1.0	DAILY MX			WEEKLY CALCD
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.00001	(19)	0	1/29	CALCD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01	DAILY MX			ONCE/MONTH CALCD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	29/29	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2	DAILY MX			CONTINUOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
EHS MANAGER
TYPED OR PRINTED

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
914 734-5674
DATE
00 03 17

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 (REV 3/99) Previous editions may be used.
00914/000211-2035 THIS IS A PART FORM PAGE 1 OF

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 **NEW YORK NY 10003**
ATTN: **RAYMOND BURNS**

NY0004472
PERMIT NUMBER

001 J
DISCHARGE NUMBER

MAJOR (SUBR 03)
F - FINAL
FLOOR DRAINS

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE 1-1 ***
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		0.072	0.102	(03)	*****	*****	*****		0	1/7	ESTIMA
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY ESTIMA
OIL AND GREASE VISUAL B4066 1 0 0 EFFLUENT GROSS VALUE		0	*****	(94)	*****	*****	*****		0	1/7	VISUAL
	PERMIT REQUIREMENT	REPORT NONSP AV	*****	YES=1 NO=0	*****	*****	*****	****			WEEKLY VISUAL
	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
Keith Barouch
E, H+S MANAGER
TYPED OR PRINTED

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[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734 5674
DATE: 00 03 17
AREA CODE NUMBER YEAR MO DAY

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

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

NAME **CONSOLIDATED EDISON OF NY**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT STATION #1, 2 & 3**
 LOCATION **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 I
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
F - FINAL
CONDENSER COOLING WATER

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE 1 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1295.6	1640.9	(03)	*****	*****	*****		0	HOURLY	MPLOG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		HOURLY	MPLOG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
 E.H. & S. MANAGER
 TYPED OR PRINTED

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 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 914 734 5674
 DATE: 00 03 17
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
REFER TO NOTE "0" ON PAGE 9 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

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

NAME **CONSOLIDATED EDISON OF NY**
 ADDRESS **INDIAN POINT STATION #1, 2 & 3**
BROADWAY & BLEAKLEY AVE
BUCHANAN NY 10511
 FACILITY **INDIAN POINT STATION #1, 2 & 3**
 LOCATION **NEW YORK NY 10003**
 ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 G
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
F - FINAL
BOILER BLOWDOWN

Form Approved.
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE 1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT				(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		28/29	INSTAN
EFFLUENT GROSS VALUE										WEEKLY	INSTAN
PHOSPHATE, TOTAL				(26)	*****	*****	*****				
COLOR, METHOD (AS P)	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****		1/29	GRAB
70505 1 0 0										ONCE/ MONTH	GRAB
EFFLUENT GROSS VALUE											
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Keith Barouch
E, H + S. MANAGER
 TYPED OR PRINTED

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TELEPHONE
 914 734-5674
 DATE
 00 03 17

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

FACILITY **BUCHANAN** NY **10511**
 LOCATION **INDIAN POINT STATION #1, 2 & 3**
NEW YORK NY **10003**

ATTN: **RAYMOND BURNS**

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

NY0004472
 PERMIT NUMBER

001 E
 DISCHARGE NUMBER

MAJOR
 (SUBR 03)
F - FINAL
IDN EXCHANGE PLANTS

Form Approved
 OMB No. 2040-0004

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	02	01		00	02	29

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.016	0.025	(03)	*****	*****	*****				
50050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			INSTAN
EFFLUENT GROSS VALUE								****			WEEKLY INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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TELEPHONE
 914 734 5174
 DATE
 00 03 17

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