

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,

Keith Barouch

Env., Health & Safety Manager

Indian Point Station

Con Edison Units 1 & 2

Enc.

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SECTION 1

<u>New York State Department of Environmental Conservation</u> <u>Division of Water</u>



Report of Noncompliance Event

10: DEC Water Contact		Cesare Manfredi	DE	C Region: 3
Report Type: 5 Day	Permit Violation	Order Violation	Anticipated Noncompliance	Bypass/Overflow
SECTION 2				
SPDES #: <u>NY-0004472</u>	Facility: New Y	ork Power Authority	- Indian Point 3	
Date of Noncompliance: 2/18/00	Location Qu	fall Treatment Unit, ot Pump	Station): 001	
Description of Noncompliance(s) and caus		t 9 am, it was noted th	at we were unable to ma	intain the required
1.75 foot head differential bet				
result of the securing of the 3 the 1.75 feet, within the requir	ed four hours w	are unsuccessful	2. Attempts to adjust the	ports to achieve
Tivo 100t, William the loquin	ed four flours w	cre unsuccessiui.		
Has event ceased? Yes (No) If so, w	hen? 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 (PM	f) End dat	e, time of event <u>2/18/00</u>	5:00 (AM) (PM)
Date, time oral notification made to DEC?	N/A	(AM) (PM) DEC	Official contacted:	
Immediate corrective actions: Tempo discharge ports.	rarily increased	flow and then initiated	l manual manipulation of	the gates at the
, posterior				<u> </u>
Preventive (long term) corrective actions: plan to initiate a routine prevent help prevent future binding of	ntative maintena	nd repair of the motor	s designed to move the g I include periodic moven	ates. Also, we nent of the gates
SECTION 3				
SECTION 5				
Complete this section if the event was a by	oass:			
BypassAmount:		Was prior DEC authoriz	zation received for this event?	(Yes) (No)
DEC Official contacted:		Da	te of DEC approval:	
Describe event in "description of noncompl	iance and cause" area	n Section 2. Detail the start an	d end dates and times in Section 2 a	lso.
SECTION 4				· · · · · · · · · · · · · · · · · · ·
Facility Representative: Ken Peters	Title:	Licensing Manager	Date: 3/3/00	
Phone #	(914) 736-802	9 Fax#: (914) 73	6-8769	

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) CONSOLIDATED EDISON OF NY ADDRESSINDIAN POINT STATION #1,2 & 3 **BROADWAY & BLEAKLEY AVE BUCHANAN**

NY 10511 FACILITY INDIAN POINT STATION #1,2 & 3 LOCATIONNEW YORK NY 10003 RAYMOND BURNS

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

NY0004472 PERMIT NUMBER

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Form Approved. OMB No. 2040-0004

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NY 10511 **FACILITY** INDIAN POINT STATION #1,2 & 3 LOCATION NEW YORK NY 10003 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0004472 PERMIT NUMBER

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Form Approved. OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 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 E0001 YM NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0004472 PERMIT NUMBER

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BROADWAY & BLEAKLEY AVE

BUCHANAN NY 10511 **FACILITY**

INDIAN POINT STATION #1,2 & 3

LOCATIONIEW YORK NY 10003 ATTN: DAVMOND DIDNE

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

NY0004472 PERMIT NUMBER

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Form Approved. OMB No. 2040-0004

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) CONSOLIDATED EDISON OF NY ADDRESS INDIAN POINT STATION #1,2 & 3

BROADWAY & BLEAKLEY AVE BUCHANAN NY 10511 FACILITY INDIAN POINT STATION #1,2 & 3

LOCATIONNEW YORK NY 10003 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0004472 PERMIT NUMBER

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MONITORING PERIOD YEAR MO DAY YEAR МО DAY 27 00 02 01 -00 02 FROM TO

Form Approved. OMB No. 2040-0004

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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 prepared united 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 OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

NUMBER

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

MEASUREMENT PERMIT REQUIREMENT

TELEPHONE

DATE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) NAME OMB No. 2040-0004 CONSOLIDATED EDISON OF NY MAJOR ADDRESSINDIAN POINT STATION #1,2 & 3 (SUBR 03) NY0004472 001 M PERMIT NUMBER **BROADWAY & BLEAKLEY AVE** DISCHARGE NUMBER F - FINAL **BUCHANAN** NY 10511 SUM OF OUTFALLS OOIC & OOID FACILITY INDIAN POINT STATION #1,2 & 3 **MONITORING PERIOD** YEAR MO DAY YEAR DAY LOCATIONIEW YORK NY 10003 *** NO DISCHARGE | | *** 00 00 ATTN: RAYMOND BURNS NOTE: Read Instructions before completing this form. QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE TYPE **PARAMETER** ANALYSIS AVERAGE ! MAXIMUM UNITS . MINIMUM AVERAGE MAXIMUM UNITS CHROMIUM. HEXAVALENT **** **** **** 19) SAMPLE NODI C NODI G (AS CR) MEASUREMENT NODIG NODIC 0 01032 1 0 0.05 0. 1 DNCE CRAB PERMIT. DAILY MX MG/L EFFLUENT GROSS VALUE REQUIREMENT "30DA" AVG MONTH CHROMIUM TOTAL (-19)**** SAMPLE MODI C NODI C NODI CNODIC (AS CR) **MEASUREMENT** 0. 5 01034 0 1.0 WEEKL YCRAB PERMIT DAILY MX MG/L EFFLUENT GROSS VALUE REQUIREMENT DVA 'ADDE' LITHIUM, TOTAL *** 19) SAMPLE. 0,27 0.79 (AS LI) MEASUREMENT 01132 1 0 ...0 REPORT REPORT DNCE PERMIT. EFFLUENT GROSS VALUE REQUIREMENT DAILY AV DATEY MX MONTH MG/L IN CONDUIT OR (03) SAMPLE 0.014 0.031 THRU TREATMENT PLANT MEASUREMENT 50050 1 0 -- 0 PERMIT REPORT REPORT WEEKLYINSTA EFFLUENT GROSS VALUE REQUIREMENT **BVA ADDE** DAILY MX MGD *** SAMPLE MEASUREMENT PERMIT REQUIREMENT लक्षे क्षेत्र प्रज SAMPLE MEASUREMENT PERMIT. REQUIREMENT SAMPLE MEASUREMENT PERMIT. REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were TELEPHONE DATE prepared under my direction or supervision in accordance with a system designed BAROUCH 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 MANAGER submitted is , to the best of my knowledge and belief, true, accurate, and complete. SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information, OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED NUMBER . YEAR Including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) EXPLANATION - THE USE OF CHROMIUM USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE HAS BEEN DISCONTINUED AT THE SITE THEREFORE NO SMALING IS REQUIRED

CONSOLIDATED EDISON OF NY

ADDRESS INDIAN POINT STATION #1,2 & 3 **BROADWAY & BLEAKLEY AVE**

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

LOCATIONNEW YORK NY: 10003 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0004472 PERMIT NUMBER

001 DISCHARGE NUMBER

	MONITORING PERIOD									
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FROM	00	02	01	् то	.00	05	29			

Form Approved. OMB No. 2040-0004

MAJOR (SUBR 03) F - FINAL

TOTAL FACILITY DISCHREE CANAL

*** NO DISCHARGE ! ! ***

ATTN: RAYMOND BURNS	*	•				 -	NOTE: Read Ins	tructions befo	re com	oleting this	form.
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Keith BAROUCH E, H+S MANAGE	to assure submitte or those submitte	e that qualified personnel d. Based on my inquiry of persons directly respons d is to the best of my kn	properly gather and evaluate the person or persons with the person or persons with the information owledge and belief, true, and the belief, true, and true, and the belief, true, and the belief, true, and true, a	uate the informa who manage the mation, the info accurate, and c	tion e system, ermation complete. SIGNAT	TURE OF PRINCIPAL		714 734-3	5774	00 0	3 17
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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.

00714/00021THE 2035 PART FORM PAGE 1 OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Form Approved. DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 CONSOLIDATED EDISON OF NY MAJOR ADDRESSINDIAN POINT STATION #1,2 & 3 NY0004472 001 (SUBR 03) **BROADWAY & BLEAKLEY AVE PERMIT NUMBER** DISCHARGE NUMBER F - FINAL **BUCHANAN** NY 10511 FLOOR DRAINS MONITORING PERIOD FACILITY INDIAN POINT STATION #1,2% 3 YEAR МО DAY YEAR МО DAY LOCATIONEW YORK NY 10003 *** NO DISCHARGE | | *** 02 OI 00 29 TO ATTN: RAYMOND BURNS NOTE: Read Instructions before completing this form. **QUANTITY OR LOADING QUANTITY OR CONCENTRATION** FREQUENCY SAMPLE EX OF TYPE PARAMETER **ANALYSIS** AVERAGE MAXIMUM 3 UNITS MINIMUM AVERAGE MAXIMUM UNITS IN CONDUIT OR (03) **** **** SAMPLE E 0.072 E 0.10a THRU TREATMENT PLANT MEASUREMENT ESTIM 50050 0 0 REPORT REPORT **WEEKLYESTIM** PERMIT EFFLUENT GROSS VALUE REQUIREMENT **JODA AVG** DAILY MX MGD *** DIL AND GREASE (94)**** **** SAMPLE 0 VISUAL MEASUREMENT O V 1SUA B4066 0 0 REPORT 1 **YES=1** WEEKLYVISUA PERMIT EFFLUENT GROSS VALUE REQUIREMENT NONSP AV NO=O SAMPLE MEASUREMENT PERMIT' REQUIREMENT SAMPLE MEASUREMENT PÉRMIT! REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT 44.00 44.00 REQUIREMENT SAMPLE MEASUREMENT PERMIT. REQUIREMENT I Certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE

Keith BAROUCH

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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 914734-5774 00 03 17 AREA NUMBER YEAR MO DAY

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

FLOWS TRIBUTARY TO FLOOR DRAINS SHALL NOT CONTAIN MORE THAN 15 MG/L OFOIL 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

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

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

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Form Approved. OMB No. 2040-0004

MAJOR (SUBR 03) F - FINAL

CONDENSER COOLING WATER

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

ATTN:	RAYMOND E	SURNS		NOTE: Read Instructions be							fore completing this form.			
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REFER TO NOTE "O" ON PAGE 9 OF THE PERMIT FOR SPECIAL REPORTING REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) CONSOLIDATED EDISON OF NY ADDRESSINDIAN POINT STATION #1,2 & 3 **BROADWAY & BLEAKLEY AVE BUCHANAN**

NY 10511 FACILITY INDIAN POINT STATION #1,2% 3 LOCATIONNEW YORK NY 10003 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0004472 PERMIT NUMBER

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	MONITORING PERIOD										
	YEAR	MO_	DAY		YEAR	MO.	DAY				
FROM	00	02	01	ТО	00	02	29				

Form Approved. OMB No. 2040-0004

MAJOR (SUBR 03) F - FINAL **BOILER BLOWDOWN**

*** NO DISCHARGE | | ***

ATTN: RAYMOND BURNS						NOTE: Read Instru	ctions before	com	oleting this	form.
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME CONSOLIDATED EDISON OF NY

ADDRESSINDIAN POINT STATION #1.2 & 3 BROADWAY & BLEAKLEY AVE

BUCHANAN NY 10511

FACILITY INDIAN POINT STATION #1,2 % 3 LOCATION YORK

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NATIONAL POLLUTANT DISCHAR! ... ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

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DAY

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NY0004472 PERMIT NUMBER

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YEAR

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FROM

001 F DISCHARGE NUMBER

MO

02

DAY

29

(SUBR 03) F - FINAL

MAJOR

ION EXCHANGE PLANTS

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

Form Approved.

OMB No. 2040-0004

ATTN: RAYMOND BURNS **QUANTITY OR LOADING** QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE EX OF · TYPE **PARAMETER** ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS IN CONDUIT OR 03) SAMPLE **** **** 0.025 0.016 THRU TREATMENT PLANT MEASUREMENT MATZHI 50050 1 0 0 REPORT REPORT WEEKLYINSTAN PERMIT. EFFLUENT GROSS VALUE REQUIREMENT **DVA: AUCE** DAILY MX MCD *** SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE[®] MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT **EPERMIT** REQUIREMENT 10 100 SAMPLE MEASUREMENT PERMIT REQUIREMENT I Certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed th BAROUCH 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. 03 SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information. TYPED OR PRINTED **OFFICER OR AUTHORIZED AGENT YEAR** MO including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)