

November 24, 1999



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 October 1999. A Report of Noncompliance Event is attached.

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,

*Rogn Keppel for K. Barouch*

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

Enc.

/paa

IE25

PDR ADD: 0500

**Attachment to Report of Noncompliance Event  
October 20, 1999**

**SPDES # NY-0004472**

**Description of noncompliance and cause:**

The Sum 7 discharge (Outfalls 001B, 001C, 001D, 001E, 001G, 001K and 001L) exceeded the daily maximum discharge limitation of 50 mg/l for Total Suspended Solids (TSS). This was caused by a sample result which identified an elevated concentration of TSS in Outfall 001B during a plant startup. Short term flow transients, which can potentially cause an increase in TSS in Outfall 001B, are necessary in order to achieve proper plant chemical control. The Sum 7 TSS concentration dropped below 50 mg/l on 10/21/99.

**Preventative (long term) corrective actions:**

Revise sampling procedures to increase Outfall 001B sample frequency during plant startups to ensure a representative TSS determination is made when short term flow transients occur.

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 #: NY0004472 Facility: CON EDISON - IP2

Date of noncompliance: 10/20/99 Location (Outfall, Treatment Unit, or Pump Station): OUTFALL

Description of noncompliance(s) and cause(s): SEE ATTACHED

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

Start date, time of event: 10/20/99 00:00 (AM) (PM) End date, time of event: 10/20/99 23:59 (AM) (PM)

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

Immediate corrective actions: NONE

Preventive (long term) corrective actions: SEE ATTACHED

SECTION 3

Complete this section if event was a bypass:

Bypass amount:                      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: Keith Barouch Title: EH&S Section Manager Date: 11/24/99

Phone #: (914) 734-5674 Fax #: (914) 737-6045

**Keppel, Roger G.**

---

**From:** Blind, Alan  
**Sent:** Monday, November 22, 1999 1:37 PM  
**To:** Barouch, Keith  
**Cc:** Keppel, Roger G.  
**Subject:** RE: Delegation of Authority

Approved

Alan Blind

-----Original Message-----

**From:** Barouch, Keith  
**Sent:** Friday, November 19, 1999 5:48 PM  
**To:** Blind, Alan  
**Cc:** Barouch, Keith; Keppel, Roger G.  
**Subject:** FW: Delegation of Authority

To: A. Blind  
Vice President, Nuclear Power

From: Keith Barouch  
Section Manager  
EH&S

Subj.: Delegation of Authority

In accordance with Corporate Policy, during my absence from Monday November 22, 1999 to Sunday November 28, 1999, the duties and responsibilities of Section Manager, Environment, Health and Safety will be assumed by Mr. Roger Keppel. Thank you.

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)  
 (2-16) (17-19)

**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  
 Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	10	01	TO	99	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	17	52	(19)		1 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	0.308	0.673	(03)	*****	*****	*****			0 7/7	INSTANT
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTANT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Keith Barouch*  
 ENV, Health & Safety 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.)

*Roger Koppel for K. Barouch*

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

914 234 5674

DATE

99 11 24

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

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

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

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)  
 (2-16) (17-19)

**NY0004472**

PERMIT NUMBER

**SUM 4**

DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL

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

Form Approved.  
 OMB No. 2040-0004  
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MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3	(19)	0	1/31	GRAB
00556 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/	GRAB
EFFLUENT GROSS VALUE				****			MAXIMUM	MG/L		MONTH	
	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	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.)	<i>Roger Keppeler for K. Barouch</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY
<i>Keith Barouch</i> ENV. Health & Safety Manager			914	234-5674	99	11	24

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

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

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

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 7**

DISCHARGE NUMBER

MAJOR

(SUBR 03)

F - FINAL

FILTER BACKWASH

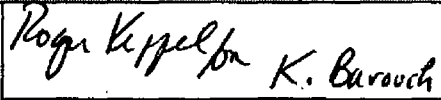
Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	32189	79200	(07)	*****	*****	*****		0	27/31	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	GPD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 K. Barouch	TELEPHONE	DATE		
TYPED OR PRINTED			914 734-5274 AREA CODE NUMBER	99	11	24

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**

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)  
 (2-16) (17-19)

**NY0004472**

PERMIT NUMBER

**001 N**

DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL

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

SUM OF OUTFALLS **001B,C,D,&0011**

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (48-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	45.8	142.8	(19)	0	1/7	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L			WEEKLY GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.255	0.582	(03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****			WEEKLY INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

*Keith Barouch*  
 ENV, Health & Safety 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.)

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

*Roger Kuppel for K. Barouch*

914 234-5474

99 11 24

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



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

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

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

**NY0004472**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)		(22-23)	(28-27)		(30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHROMIUM, HEXAVALENT (AS CR) 01032 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODIC	NODIC	(19)	-	NODIC NODIC
	PERMIT REQUIREMENT	*****	*****	***	*****	0.05 30DA AVG	0.1 DAILY MX	MG/L	ONCE/	GRAB
CHROMIUM, TOTAL (AS CR) 01034 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	NODIC	NODIC	(19)	-	NODIC NODIC
	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	*****	*****		*****	0.14	1.01	(19)	0	1/31 GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	REPORT DAILY AV	REPORT DAILY MX	MG/L	ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.011	0.038	(03)	*****	*****	*****		0	25/31 INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	***	WEEKLY	INSTAN
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Keith Barouch*  
 ENV, Health + Safety 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.)

*Wagner Keppel for K. Barouch*  
 SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 914 734-5184  
 DATE  
 99 11 24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE

NODIC EXPLANATION - THE USE OF CHROMIUM HAS BEEN DISCONTINUED AT THE SITE THEREFORE NO SAMPLING IS REQUIRED

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

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

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

**NY0004472**  
 PERMIT NUMBER

**001 K**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL

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

TOTAL FACILITY DISCHARGE CANAL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 W 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	*****	*****		*****	*****	78.3	( 15)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	110	DEG.F			DAILY GRAB
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6	( 12)	0	1/7	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			WEEKLY GRAB
BORON, TOTAL (AS B) 01022 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	216	( 26)	*****	*****	<1.0	( 19)	0	1/7	CALCTD
	PERMIT REQUIREMENT	*****	525 DAILY MX	LBS/DY	*****	*****	1.0 DAILY MX	MG/L			WEEKLY CALCTD
LITHIUM, TOTAL (AS LI) 01132 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.01	( 19)	0	1/31	CALCTD
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.01 DAILY MX	MG/L			ONCE/ MONTH CALCTD
CHLORINE, TOTAL RESIDUAL 50060 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	( 19)	0	31/31	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L			CONTINUOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Keith Barouch</b> <b>ENV, Health &amp; Safety Manager</b>	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 <b>Roger Koppel for K. Barouch</b>	TELEPHONE <b>914 734-5674</b>	DATE <b>99 11 24</b>
TYPED OR PRINTED			AREA CODE <b>914</b>	NUMBER <b>734-5674</b>

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

USE PARAMETER LISTED AS LITHIUM TO REPORT LITHIUM HYDROXIDE. SEE PERMIT FOR THERMAL EFFLUENT LIMITS.  
 TO REPORT EFFLUENT TEMPERATURE FOR THE REPORTING PERIOD JULY 1-APRIL 14, USE PARAMETER 00011 W.  
 TO REPORT EFFLUENT TEMPERATURE FOR THE REPORTING PERIOD APRIL 15-JUNE 30, USE PARAMETER 00011 S.

EPA Form 3320-1 (08-95) Previous editions may not be used. (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.) 00926/991016-1956 PAGE 1 OF 1

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 .1  
DISCHARGE NUMBER

MAJOR  
(SUBR 03)  
F - FINAL  
FLOOR DRAINS

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
99	10	01	TO	99	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45)				MINIMUM	QUANTITY OR CONCENTRATION (46-53)		MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM			AVERAGE											
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	E 0.062	E 0.095	( 03)	*****	*****	*****		0	1/7	ESTIMATE						
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	ESTIMATE						
OIL AND GREASE VISUAL 84066 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	*****	( 94)	*****	*****	*****		0	1/7	VISUAL						
	PERMIT REQUIREMENT	REPORT NONSP AV	*****	YES=1 NO=0	*****	*****	*****	****		WEEKLY	VISUAL						
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
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	PERMIT REQUIREMENT																
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	PERMIT REQUIREMENT																
	SAMPLE MEASUREMENT																
	PERMIT REQUIREMENT																

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Keith Barouch  
Env, Health & Safety 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  
Rogers Keppel for K. Barouch

TELEPHONE  
914 734 5274

DATE  
99 11 24

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

**FLOWES 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)  
(2-16) (17-19)

**NY0004472**  
PERMIT NUMBER

**001 I**  
DISCHARGE NUMBER

MAJOR  
(SUBR 03)  
F - FINAL  
CONDENSER COOLING WATER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	1301.8	1942.5	( 03)	*****	*****	*****			Hourly	PMPLPG
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		HOURLY	PMPLPG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Keith Barouch**  
**Env, Health & Safety 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.)

**Rogn Keppel for K. Barouch**  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**914 734-5274**  
AREA CODE NUMBER

DATE  
**99 11 24**  
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**

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)  
 (2-16) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 G**  
 DISCHARGE NUMBER

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

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.010	0.011	( 03 )	*****	*****	*****		0	25/31	INSTAL
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
PHOSPHATE, TOTAL COLOR. METHOD (AS P) 70505 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0057	0.0060	( 26 )	*****	*****	*****		0	1/31	GRAB
	PERMIT REQUIREMENT	16 30DA AVG	38 DAILY MX	LBS/DY	*****	*****	*****	****		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
*Keith Barouch*  
 ENV, Health Safety 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.)

*Roger Koppel for K. Barouch*  
 SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 914 734 5174  
 DATE  
 99 11 24

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

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

**NY0004472**  
 PERMIT NUMBER

**001 E**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 03)  
 F - FINAL  
 ION EXCHANGE PLANTS

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-88

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)		(22-23)	(24-25)		(26-27)
		(28-29)			(30-31)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.017	0.044	( 03)	*****	*****	*****		0	7/7	INSTAN
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		WEEKLY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <i>Keith Barouch</i> ENV, Health & Safety Manager	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  <i>Roger Kippel for K. Barouch</i>	TELEPHONE	DATE			
			714 234-5674	99	11	24	
TYPED OR PRINTED			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)

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  
 Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE ☒ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT			( 03 )	*****	*****	*****				
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	INSTAN C
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Keith Barouch</i> <i>Env, Health + Safety Manager</i>	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.)	<i>Rayn Kappel for K. Barouch</i> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 914 234 5674	DATE 99 11 24		
TYPED OR PRINTED			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