



50-293

Entergy Nuclear Generation Company
Pilgrim Nuclear Power Station
600 Rocky Hill Road
Plymouth, MA 02360

May 16, 2000
ENV 1.00.010

J. F. Alexander
Director
Nuclear Assessment

Water Technical Unit (SEW)
U.S. Environmental Protection Agency
P.O. Box 8127
Boston, MA 02114-8127

Massachusetts Dept. of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, MA 02347

Discharge Monitoring Report

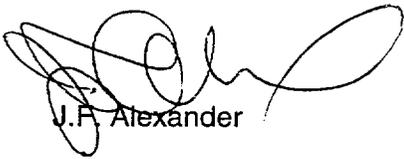
Dear Sirs:

Enclosed is the Discharge Monitoring Report for Pilgrim Nuclear Power Station (PNPS), NPDES permit number MA0003557 (Federal) and number 359 (State).

The period covered by this report is April 2000.

Should you have any questions on this report, please direct them to our Principal Marine Biologist, Mr. Robert Anderson, at (508) 830-7935.

Sincerely,



J.F. Alexander

RDA/

Attachments: 1. Summary
2. Discharge Monitoring Report

cc: U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

U. S. Nuclear Regulatory Commission
475 Allendale Road
Region I
King of Prussia, PA 19406

Senior Resident Inspector
Pilgrim Nuclear Power Station

env100010

NRR-045

C001

ATTACHMENT 1 TO LETTER ENV1.00-010

SUMMARY

PILGRIM I DISCHARGE MONITORING REPORT

In accordance with the Federal Clean Water Act, as amended (33USC 1251 et seq: the "CWA"), and the Massachusetts Clean Water Act, as amended (M.G.L.; Chap. 21, 26-53), regarding effluent limitations, monitoring requirements and other conditions set forth in the Pilgrim NPDES permit (Federal Permit Number MA0003557, and State Permit Number 359), Parts I and II, the following information is submitted for the period April 2000.

I. Discharge Points Covered in this Report

<u>Discharge Point</u>	<u>Discharge Identification</u>
001	Condenser Cooling Water
002	Thermal Backwash for Biofouling Control
003	Intake Screen Wash
004, 005, 006, and 007	Yard Drains (April and September)
008	Sea Foam Suppression
010	Service Cooling Water
011	Makeup Water and Demineralizer Waste Discharge

II. Summary and Notes of Discharge Report

- A. The flows at points 001 and 010 are calculated from system pump capacity and are equal to the total for all pumps in each system running at full capacity for a 24-hour period. The flow at 011 is measured by noting sump levels before and after discharge. Flow at point 002 is a conservative figure obtained by calculating flow if backwashing took place for 24 hours. Flows at points 003 and 008 are calculated from system pump capacity and mean operating time.
- B. The temperatures at points 001 and 002 are measured by resistance temperature detectors (RTD's).
- C. Periodically, total residual chlorine (TRC) concentration in the service cooling water (010) exceeds permit requirements (0.50 ppm daily average TRC and 1.00 ppm daily maximum TRC) prior to mixing with any other stream, primarily because of the number of service water pumps in operation. Chlorine injection levels are lowered as a corrective measure. The dilution provided by the PNPS circulating water flow keeps total residual chlorine concentrations discharged to Cape Cod Bay below the NPDES permit limit of 0.1 ppm.

- D. For stormwater outfalls 004, 005, 006 and 007, samples are collected by grab sampling. Samples are handled and stored in accordance with 40 CFR 136. No additional inputs to these stormwater outfalls occur downstream of the sampling locations.
- E. Intake traveling water screens were operated with dechlorination pumps in April.
- F. No sawdust was applied to seek and seal PNPS condenser leaks in April 2000.
- G. Boron and sodium nitrite discharges (ppm) did not occur in April 2000 from discharge point #001.

<u>Date Discharged</u>	<u>Gallons Discharged</u>	<u>Concentration Before Discharge</u>	<u>Concentration Discharged</u>
------------------------	---------------------------	---------------------------------------	---------------------------------

Boron

None

Sodium Nitrite

None

- H. There was no significant rainwater event in April 2000 during which adequate samples for all four yard drains (#004, 005, 006, and 007) could be taken as required. These discharge points will be reported in May 2000, or as soon as timely, adequate rainwater flow makes possible the completion of sampling of all four drains.

ATTACHMENT 2 to LETTER ENV1.00-010
DISCHARGE MONITORING REPORT

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

NAME ENTERGY NUCLEAR GENERATION CO
 ADDRESS PILGRIM NUCLEAR POWER STATION
 600 ROCKY HILL ROAD
 PLYMOUTH MA 02360
 FACILITY PILGRIM NUCLEAR POWER STATION
 LOCATION PLYMOUTH MA 02360
 ATTN: WILLIAM J. DICROCE

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

MA 0003557 PERMIT NUMBER
 0011 DISCHARGE NUMBER

MAJOR (SUBR S)
 F - FINAL
 CONDENSER COOLING WATER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30
FROM		TO			
(20-21) (22-23) (24-25)		(26-27) (28-29) (30-31)			

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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 1 0 0	*****	*****	*****	*****	*****	*****	79.5	(15)	0	99/99	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	102	OF			CONTIN RECORDS
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	*****	*****	*****	*****	*****	0.04	0.05	(19)	0	WH/PS	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	MG/L		WHEN GRAB	DISCH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	*****	446.4	446.4	(03) MGD	*****	*****	*****	*****	0	99/99	ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0	510.0	MGD	*****	*****	*****	*****			CONTIN ESTIMA
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0	*****	*****	*****	*****	*****	*****	29.8	(15)	0	99/99	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	32	OF			CONTIN CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 W. J. DICROCE
 PLANT 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

TELEPHONE 508 830-8100
 DATE 00 05 16
 AREA CODE NUMBER YEAR MO DAY

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

PH SHALL NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER. SEE PERMIT PAGE 5 PARAGRAPHS MEN FC R BORON AND SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM. A BARRIER SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
 NAME **ENTERGY NUCLEAR GENERATION CO**
 ADDRESS **PILGRIM NUCLEAR POWER STATION**
600 ROCKY HILL ROAD
PLYMOUTH MA 02360
 FACILITY **PILGRIM NUCLEAR POWER STATION**
 LOCATION **PLYMOUTH MA 02360**
 ATTN: **WILLIAM J. DICROCE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
MA0003557
 PERMIT NUMBER
002 1
 DISCHARGE NUMBER

MAJOR
 (SUBR S)
 F - FINAL
 THERMAL BACKWASH

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 00 04 01 TO 00 04 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS	
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	C	(15) OF	0	99/99 RC		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	120 DAILY MX	DEG.F		CONTINUOUS RECORD		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	*****	C	(03) MGD	*****	*****	*****	0	WH/DS	ES		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	255.0 DAILY MX	MGD	*****	*****	*****	****		WHEN ESTIMATED DISCH		
	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 6 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE			
W.J. DiCROCE PLANT MANAGER								508 830-8100	00	05	16	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

THE PH SHALL NOT VARY MORE THAN 0.5 STANDARD UNITS FROM THAT OF THE INTAKE WATER. FLOW RATE IS TO BE ESTIMATED AS IF BACKFLUSHING TOOK PLACE FOR 24 CONTINUOUS HOURS. SEE PERMIT PAGE 8 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))
 NAME **ENTERGY NUCLEAR GENERATION CO**
 ADDRESS **PILGRIM NUCLEAR POWER STATION**
600 ROCKY HILL ROAD
PLYMOUTH MA 02360
 FACILITY **PILGRIM NUCLEAR POWER STATION**
 LOCATION **PLYMOUTH MA 02360**
 ATTN: **WILLIAM J. DICROCE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
MA0003557 **003 A**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 5)
 F - FINAL
 INTAKE SCREEN WASH

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 00 04 01 TO 00 04 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE		1.7	3.2	(03) MGD	*****	*****	*****		0	01/01	ES
	PERMIT REQUIREMENT	4.1 NO AVG	4.1 DAILY MX	MGD	*****	*****	*****	****		DAILY	ESTIMA
	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 W. J. DiCroce PLANT 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 508-830-8100 CW	DATE			
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	YEAR	MO	DAY
		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE INTAKE WATER.
 ALL FISH SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON INTAKE SCREEN SHOULD BE RETURNED TO WATER OF AMBIENT TEMP. SUFFICIENTLY DISTAN FORM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))
 NAME **ENTERGY NUCLEAR GENERATION CO**
 ADDRESS **PILGRIM NUCLEAR POWER STATION**
600 ROCKY HILL ROAD
PLYMOUTH MA 02360
 FACILITY **PILGRIM NUCLEAR POWER STATION**
 LOCATION **PLYMOUTH MA 02360**
 ATTN: **WILLIAM J. DICROCE**

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

MA0003557 **008 A**
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBER S)
 F - FINAL
 SEA FOAM SUPPRESSION DISCHARGE

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

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
00	04	01		00	04	30	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<input checked="" type="checkbox"/>	C	C	(03) MGD	*****	*****	*****	*****	0	01/01	ES		
	PERMIT REQUIREMENT	0.73 MO AVG	0.73 DAILY MX	MGD	*****	*****	*****	*****		DAILY	ESTIMA		
	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
W.J. DiCroce PLANT MANAGER									508 830-8100		00 05 16		
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 **ENTERGY NUCLEAR GENERATION CO**
 ADDRESS **PILGRIM NUCLEAR POWER STATION**
600 ROCKY HILL ROAD
PLYMOUTH MA 02360
 FACILITY **PILGRIM NUCLEAR POWER STATION**
 LOCATION **PLYMOUTH MA 02360**
 ATTN: **WILLIAM J. DICROCE**

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

MA0003557
 PERMIT NUMBER

010 A
 DISCHARGE NUMBER

MAJOR (SUBR S)
 F - FINAL
 PLANT SERVICE COOLING WATER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	04	01		00	04	30
(20-21)		(22-23) (24-25)		(26-27)		(28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
OXIDANTS, TOTAL RESIDUAL		*****	*****		*****	0.17	0.86	(19)	0	02/01	BR
34044 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5	1.0	MG/L		CONTINUOUS	RECORDED
EFFLUENT GROSS VALUE						MO AVG	DAILY MAX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		7.2	*****	(03)	*****	*****	*****		0	99/99	ES
50050 1 0 0	PERMIT REQUIREMENT	19.4	*****	MED	*****	*****	*****	****		CONTINUOUS	ESTIMATED
EFFLUENT GROSS VALUE		MO AVG		MGD				****			
	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
W. J. DiCroce
PLANT 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

TELEPHONE **508 830-8100**
 DATE **00 05 16**
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
CONTINUOUS CHLORINATION OF SERVICE WATER SYSTEM MAY BE USED FOR MACROINVERTEBRATE CONTROL. FLOW RATE SHALL BE ESTIMATED FROM PUMP CAPACITY CURVES AND OPERATIONAL HOURS.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME **ENERGY NUCLEAR GENERATION CO**
 ADDRESS **PILGRIM NUCLEAR POWER STATION**
600 ROCKY HILL ROAD
PLYMOUTH MA 02360
 FACILITY **PILGRIM NUCLEAR POWER STATION**
 LOCATION **PLYMOUTH MA 02360**
 ATTN: **WILLIAM J. DICROCE**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
MA0003557
 PERMIT NUMBER
011 A
 DISCHARGE NUMBER

MAJOR (SUBR S)
 F - FINAL
 MAKE UP WATER AND DEMINERALIZE

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

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 00 04 01 TO 00 04 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-63) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	C	C	(19)	0	01/BA GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		ONCE/BATCH GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	C	C	(03) MGD	*****	*****	*****		0	WH/DS ES
	PERMIT REQUIREMENT	0.015 MO AVG	0.06 DAILY MX	MGD	*****	*****	*****	****		WHEN ESTIMATED DISCH
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER W.J. DiCroce PLANT 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.)		TELEPHONE	DATE			
TYPED OR PRINTED			508 830-8100	60	05	16	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PAGE 5 OF PERMIT PARAGRAPH N FOR SODIUM NITRATE REPORTING REQUIERMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM