



BOSTON EDISON
Pilgrim Nuclear Power Station
600 Rocky Hill Road
Plymouth, Massachusetts 02360

September 15, 1995
BEC0 5.95.072

NPDES Program Operations Section (WCP)
Environmental Protection Agency
P.O. Box 8127
Boston, MA 02114

Massachusetts Division of Water Pollution Control
Lakeville Hospital
Lakeville, MA 02346

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 August, 1995.

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

Respectfully,

H. V. Oheim

RDA/nas/RAP/DMR

Attachments: 1. Summary
2. Discharge Monitoring Report

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

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

Senior NRC Resident Inspector
Pilgrim Nuclear Power Station

9509220132 950831
PDR ADOCK 05000293
R PDR

JE23

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 August, 1995.

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 flow 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. Flow 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, Sigma 800 SL Portable Composite Samplers are utilized. The samplers are equipped with a "liquid level activator" that commences the sampling when the liquid reaches a predetermined level. This assures a sample is taken "within the first hour of the start of a significant storm event." The intake and collection assemblies of the samplers conform to U.S. EPA requirements for collecting oil and grease samples (USEPA letter to BECo dated 1/7/92). No additional inputs to these stormwater outfalls occur downstream of the composite samplers' sampling locations.

- E. Intake traveling water screens were operated with dechlorination pumps operating at all times.
- F. No sawdust was applied to seek and seal PNPS condenser leaks in August.
- G. The following boron and sodium nitrite discharges (ppm) occurred in August 1995 from discharge point #001. All discharges were below NPDES Permit limits prior to entering Cape Cod Bay.

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

Boron

8/01/95	15,364	<1.0	<0.0013
8/15/95	11,690	<1.0	<0.0013
8/29/95	13,360	<1.0	<0.0013

Sodium Nitrite

8/01/95	15,364	24.0	0.0310
8/15/95	11,690	15.0	0.0194
8/29/95	13,360	1.5	0.0019

- H. Approximately 250 cubic yards of sand were removed from the concrete surface of the intake structure on August 14, 15, 18, 21, 25 and 28-30, 1995. It was pumped into breakwater crevices above the high tide mark. The sand removal was necessary to alleviate concern over its effects on normal operation of mechanical components/traveling screens, and it was expected to have no adverse environmental impact. The removal operation was in accordance with Part I, Paragraph A.1.0 of the NPDES Permit.

ATTACHMENT 2 TO BECo LETTER 5.95.072

DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360
 FACILITY _____
 LOCATION _____

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

MA0003557 PERMIT NUMBER
001 1 DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
 F - FINAL OMB No. 2040-0004
 CONDENSER COOLING WATER Approval expires 10-21-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	08	01		95	08	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

ATTN: T.A. SULLIVAN, PLANT MANAGER

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM					
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	*****	*****	*****	*****	*****	*****	*****	99.3	(15) OF	0	99/99 RC	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	102	DAILY MX	DEG.F	CONTINCORDR UOUS	
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	*****	*****	*****	*****	*****	*****	*****	0.01	0.04	(19) MB/L	0	WH/D5 BR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	MO AVG	DAILY MX	HG/L	WHEN GRAB DISCHR	
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	DAILY MX	HGD	*****	*****	*****	*****	*****	****	CONTINESTIMA UOUS
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0	*****	*****	*****	*****	*****	*****	*****	29.2	(15) OF	0	99/99 CA	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	32	DAILY MX	DEG.F	CONTINCALCTD UOUS	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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.)

WJ Rugg
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 9 8
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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 M&N FOR BORON AND SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM. A BARRIER NET SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RD #1
PLYMOUTH MA 02360

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

MAJOR (SUBR 5) Form Approved.
 F - FINAL OMB No. 2040-0004
 THERMAL BACKWASH Approval expires 10-31-94

MONITORING PERIOD								
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY	
	95	08	01		95	08	31	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

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

ATTN: T.A. SULLIVAN, PLANT MANAGER

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (3 Card Only) (34-61)			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	*****	*****			*****	*****		*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	*****	*****			*****	*****		*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	255.0	MGD	*****	*****		*****	*****				
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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.)

WJ Ruggie
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 9 8
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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 BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
REF #1
PLYMOUTH MA 02360
 FACILITY _____
 LOCATION _____
 ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 MA0003557
 PERMIT NUMBER
 003 A
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 95 08 01 TO 95 08 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR S) Form Approved.
 F - FINAL OMB No. 2040-0004
 INTAKE SCREEN # 231 Approval expires 10-31-94

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	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	0.703	2.0	(03) MGD	*****	*****	*****		0	01/01	ES	
	PERMIT REQUIREMENT	4.1 NO AVG	4.1 DAILY MX	HGD	*****	*****	*****	****		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 T.A. SULLIVAN 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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>T.A. Sullivan</i>	TELEPHONE	DATE			
			508 747-8700	95	9	8	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT 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 DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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

(2-16) (17-19)

MAJOR (SUBR S) Form Approved.
F - FINAL OMB No. 2040-0004
SEA FOAM SUPPRESSION DISCHARGE Approval expires 10-31-94

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BOSTON ED #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
RFD #1
PLYMOUTH MA 02360
FACILITY
LOCATION

MA0003557 PERMIT NUMBER
008 A DISCHARGE NUMBER

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
95	08	01		95	08	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

ATTN: T.A. SULLIVAN, PLANT MANAGER

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<i>no discharge</i>	<i>0.73</i>	<i>0.73</i>	<i>(03) MGD</i>	*****	*****	*****		0	01/01	ES
	PERMIT REQUIREMENT	MO AVG	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
T.A. SULLIVAN
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 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

WJ Ruggs for T.A.S.
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
DATE: 95 9 8
AREA CODE NUMBER YEAR MO DAY

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

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

(2-16) (17-19)

MAD003557
PERMIT NUMBER

010 A
DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved. OMB No. 2040-0004
F - FINAL Approval expires 10-31-94
PLANT SERVICE COOLING WATER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
95 08 01 TO 95 08 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME BOSTON ED #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
REF #1
PLYMOUTH MA 02360
FACILITY
LOCATION
ATTN: T.A. SULLIVAN, PLANT MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS (54-61)	NO. EX (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0		*****	*****		*****	0.05	0.17	(19) MG/L	0	99/99	RC
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.5 MC AVG	1.0 DAILY MX	MG/L			CONTINRCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		14.0	*****	(03) MGD	*****	*****	*****		0	99/99	ES
EFFLUENT GROSS VALUE		19.4 MO AVG	*****	MGD	*****	*****	*****	****			CONTINESTINA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER T.A. SULLIVAN 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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>W. J. [Signature]</i>	TELEPHONE	DATE		
			508 747-8100	95	9	8
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY	

COMMENT 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 BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
REG #1
PLYMOUTH MA 02360
 FACILITY _____
 LOCATION _____

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 MAND03557
 PERMIT NUMBER
 011 A
 DISCHARGE NUMBER

MAJOR (SUBRS) Form Approved. OMB No. 2040-0004
 F - FINAL Approval expires 10-31-94
 MAKE UP WATER AND DEMINERALIZE

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
95	08	01		95	08	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

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

ATTN: T.A. SULLIVAN, PLANT MANAGER

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	3.6	8.0	(19) MG/L	0	01/BA	GR			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	30	100	MO AVG DAILY MX MG/L		ONCE /	GRAB			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.00045	0.00051	(03) MGD	*****	*****	*****	*****	0	WH/DS	ES			
EFFLUENT GROSS VALUE	0.015	0.06	MO AVG DAILY MX MGD	*****	*****	*****	*****		WHEN	ESTIMA			
									DISCHR				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
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)

WJ Rygo for T.A.S.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 9 8
 AREA CODE NUMBER YEAR MO DAY

COMMENT 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