

October 19, 1995 BECo 5.95.081

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 September, 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

9510250164 950930 PDR ADDCK 05000293 IE48

ATTACHMENT 1 TO BECO LETTER 5.95.081

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 September, 1995.

Discharge Points Covered in this Report

Discharge Point	Discharge Identification
001	Condenser Cooling Water
002	Thermal Backwash for Biofouling Control
003	Intake Screen Wash
004, 005, 006, and 007	Yard Drains (April and September)
800	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 "Equid 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 September.
 - G. The following boron and sodium nitrite discharges (ppm) occurred in September 1995 from discharge point #001. All discharges were below NPDES Permit limits prior to entering Cape Cod Bay.

Date	Gallons	Concentration	Concentration
Discharged	Discharged	Before Discharge	Discharged
		Boron	
9/9/95	13,026	<1.0	<0.0013
9/21/95	11,690	<1.0	<0.0013
	So	dium Nitrite	
9/9/95	13,026	4.5	0.0058
9/21/95	11,690	1.5	0.0019

H. On September 8-9, 1995, approximately 1,818 alewife were collected from Pilgrim Station intake traveling screens resulting in an impingement rate of 318 fish/hour. Applying this rate to the entire period during which the fish impingement occurred results in an approximate alewife impingement total of 13,100. The fish averaged about 110mm in total length.

As required by the NPDES Permit, the U.S. EPA and Mass. Dept. of Environmental Protection (DEP) were informed of this high impingement incident (BECo Telecon 4.95.012). The Mass. Div. of Marine Fisheries (DMF) was also notified and consulted. As a mitigative measure during the height of the impingement incident, the Control Room ran the traveling water screens continuously (alternating paired screen operation) to improve fish survival probability. The reasons for the large number of alewives impinged are unknown but could have involved pursuit by predators; a strong year class making more individuals available; and/or the influence of strong easterly winds on September 8, 1995.

ATTACHMENT 2 TO BECo LETTER 5.95.081

DISCHARGE MONITORING REPORT

Facility Name/Location if different) NAME 10510N EQ 11 P	TI GOTH DI	ANT	DISC		NITORING REPO	ORT (DMR)	AJOR				
ADDRESS ROCKY HILL ROAL	MAD	003557				orm Approv	ed.				
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NATIONAL POLI-UTANT DISCHARGE ELI-HINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location of different) NAME AUSTON FO #1 PI	DISCH	ARGE MON	ARGE ELIMINATION S	T (DMR)	AJOR						
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PLYMOUTH		MA 02360 _		MONIT	ORING PERIO	T	HERMAL BAC	MAN STANS	pires	10-31-94	*
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FACILITY					YEAR				MO DAY					
LOCATION				FROM			J1 TO	95		** NO DISC	HARGE	1	***	
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OIL AND GREASE FREON EXTR-GRAV MET	SAMPL	E MENT	*****	**	***		**	****	24.0	24.0	(19)	0	02/YR	GR
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAMEOSTON _ED #1 PI	1 0014	01.8		DISCH	ARGE MON	NITORING REPO	RT (DMR) (17-19)	MAJOR					
ADDRESS ROCKY HILL POAD		- F & A	N-1	MADO	03557		07 A	The state of the s	orm Approv	ed.			
REO #1					MIT NUMBER		HARGE NUMBER	F - FTNAL O	MB No. 204				
PLYMOUTH		M	A 02350					YARD DRAINS	pproval exp	ires 1	0-31-94		*
FACILITY				VE 4.5		ORING PERIO	MO DAY						
LOCATION				FROM 95	09 (7 10 95	09 30	*** NO DISC					
ATTN: T.A. SULLIVAN	PLAN	T MA	NAGER 3 Card Only) QUA		(22-23) (24-	25) (26-27) ((4 Card Only)	28-29) (30-31)	NOTE: Read instruc	tions before	e com	pieting th	IS TOTAL	n.
PARAMETER			(46-53)	(54-61)	10	(38-45)	(46-53)	(54-61)		NO.	FREQUENCY	36	AMPLE
(32-37)			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	1	69-70)
SOLIDS, TOTAL SUSPENDED	SAMP! MEASURE		*****	*****		*****	2.6	2.6	(19)	0	02/1	2 6	SR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMI	MENT	*****	****	***	*****	MO AVG	DAILY MX	MG/L MG/L		-IKEZ	GRI	AB
DIL AND GREASE FREON EXTR-GRAV METH	SAMPI MEASURE	MENT	*****	*****		*****	4.0	24.0	(19)	0	02/12	26	22
00556 1 0 0 EFFLUENT GROSS VALUE	PERM	HT I	****	****	***	*****	REPORT	15 DAILY MX	MG/L		SEMI-		AB
	SAMPI MEASURE												
	PERM												
	SAMPI												
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	SAMPI MEASURE		4										
	PERM											100	
	SAMPI MEASURE								-				
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	SAMPI												
	PERM												
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER		Y UNDER PENALTY OF FAMILIAR WITH THE IN				1		TELEPHON	E	D	ATE	
T. A. SULCIVAN PLANT MANAG	ER!	ON MY OBTAININ TRUE A SIGNIFICA	INQUIRY OF THOSE B IG THE INFORMATION ACCURATE AND COM ANT PENALTIES FOR S SSIBILITY OF FINE AND	NOIVIDUALS IMMEDIAT I BELIEVE THE SUBM PLETE I AM AWAR SUBMITTING FALSE IN	ELY RESPONSI MITTED INFORM RE THAT THE MFORMATION IN	BLE FOR MATION IS FRE ARE NOLLUDING	URE OF PRINCIP	LUCY SOL	0747-8	2100	25/	0	14
TYPED OR PRINTED			5 1319 (Penalties und or maximum imprisonn			es up to	CER OR AUTHOR	part of	A NILIME	ED	YEAR	мо	DAY

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME	LGRIM PL	ANT	DISCH		HARGE ELIMINATION S	T (DMR)	AJOR				
ADDRESS ROCKY HILL ROAL				3557		18 A (SUBR S) F	orm Appro		04	
			_	W TYCHILLE		F	LTUMF				
FACILITY PLYMOUTH		MA 02360	YEAR		TORING PERIO	D S	EA FOAM SU	PRESS1	PHOS T	ВТЗЕНА	RGE
LOCATION			_ FROM 95		01 TO 95	09 30 *	** NO DISC	HARGE	1	1	
ATTN: T.A. SULLIVAN	PLANT M		(20-21) UANTITY OR LOADIN	(22-23) (24-		18-29) (30-31) QUALITY OR CON	NOTE: Read instruc	tions before	e com	pleting this	s form.
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		NO.	FREQUENCY	DWIME PE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	no Di	scharge	(03) MBD	*****	*****	*****		0	01/01	ES
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.73 MO AVG	0.73 DAILY MX		*****	****	****	****		DAILY	ESTIM
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	- 1 - 1									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						4				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							andi s			
NAME/TITLE PRINCIPAL EXECUTIVE		IFY UNDER PENALTY	OF LAW THAT I HAVE F	PERSONALLY E	EXAMINED	77	1	TELEPHON	E	D/	ATE
T.A. SULLIVAN PLANT MANAG	ER SIGNIFIC THE PO	Y INQUIRY OF THOSE HING THE INFORMATIO ACCURATE AND C CANT PENALTIES FOR DSSIBILITY OF FINE A	INFORMATION SUBMITTE INDIVIDUALS IMMEDIATE IN I BELIEVE THE "UBM OMPLETE I AM AWAR R SUBMITTING FALSE IN IND IMPRISONMENT SEE	ELY RESPONSI HITTED INFORM E THAT THE FORMATION IN 18 U.S.C. # 16	BLE FOR LATION IS IRE ARE NOLLUDING OOL AND SIGNATURE	Sulle RE OF PRINCIPAL	EXECUTIVE SOL	97474	700	25 V	14
TYPED OR PRINTED	3.3 1.13	and or maximum impris	s under these statutes months	ay include fine and 5 years.)	es up to	ER OR AUTHORIZE	200	NUME	ER	YEAR M	O DAY
COMMENT AND EXPLANATION OF AN							CODE	E I NOME		EAR M	DAY

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different) NAME BOSION ED 21 PI	LGRIM PL	ANT		ARGE MON	NITORING REPOR		MAJOR				
ADDRESS ROCKY HILL ROAL				23557		A. M. Comment	(3000 3)	orm Approv			
F0_#1			PERM	NUMBER	Disci		1 A 14 D4 L	MB No. 204			
PLYMOUTH	1	MA 02360		MONIT	TORING PERIO	D	PLANT SERVA	Stell Property	FLEW!	6-31-14TE	R ·
FACILITY			YEAR	MO DA	YEAR	MO DAY					
LOCATION			FROM 95	09 (1 TO 95		*** NO DISCI				
ATTN: T.A. SULLIVANA	PLANT M	ANAGER		(22-23) (24-	process of the second s	20 27 1 120 217	NOTE: Read instruct	ions before	e com	pleting this	form.
PARAMETER		(3 Card Only) QUA (46-53)	(54-61)	iG.	(4 Card Only) (38-45)	QUALITY OR CO	(54-61)		NO.	FREQUENCY OF+ ANALYSIS	SAMPLE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
OXIDANTS, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****		*****	0.12	0.50	(19)	0	99/99	RC
34044 1 0 0 EFFLUENT GROSS VALUE	PEPMIT REQUIREMENT	****	*****	****	****	0.5 MO AVG	1.0 DAILY MX	MG/L		CONTIN	RCORDR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	11.8	*****	(03)	*****	****	* *****		0	99/99	ES
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT	19.4 MO AVG	*****	MGD	*****	*****	****	***		CONTIN	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							3.81			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE		IFY UNDER PENALTY OF						TELEPHON	E	DA	ATE
T. A. SULLIVAN PLANT MANAG	ON MODITAIN TRUE SIGNIFIT THE P	IM FAMILIAR WITH THE II Y INQUIRY OF THOSE IN UNING THE INFORMATION. ACCURATE AND COM- ICANT PENALTIES FOR OSSIBILITY OF FINE AND	INDIVIDUALS IMMEDIATI BELIEVE THE SUBM #PLETE I AM AWAR SUBMITTING FALSE IN DIMPRISONMENT SEE	ELY RESPONS MITTED INFORM RE THAT THE IFORMATION I 18 USC \$ 1	MATION IS ERE ARE NOCLUDING	URE OF PRINCIPA	LEXECUTIVE 50	P 747-	8100	195/1	0 14
TYPED OR PRINTED		SC § 1319 (Penalties) and or maximum imprison				CER OR AUTHORI	ZED AGENT ARE	A NUME	BER	YEAR M	10 DAY
COMMENT AND EXPLANATION OF AN	Y VIOLATIONS (A	Reference all attachments	here)				1.000	-			
CONTINGUS CHLORINATE						ACROINVER	TEBRATE CON	TROL.	FL	GW RAT	E SHAL

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME OSTON ED #1 P.	NATION	DISCH	ARGE MC	CHARGE ELIMINATION	RT (DMR)	IAJOR						
ADDRESS ROCKY HILL ROA	0			MADO	03557	0		A CONTRACTOR OF THE PARTY OF TH	orm Approx	ved.	4.	•
RED_#1					MIT NUMBER				MB No. 20	40-00	004	
PLYMOUTH		MA 02360 -			MON	ITORING PERIO		AKE UP WAT	Biltonaj 6 Al	pires	10-31-94	ITTE
FACILITY				YEAR	1	AY YEAR	MO DAY					
LOCATION			FROM	95	09	01 10 95		** NO DISC	HARGE	1	1 ***	
ATTN: T.A. SULLIVAN	PLANT M				(22-23) (2	-	28-29) (30-31)	NOTE: Read instruc	tions befor	e con	npleting this	s form.
PARAMETER		(3 Card Only) QU (46-53)	(54-6)		NG	(4 Card Only) (38-45)	QUALITY OR CON (46-53)	(54-61)		NO.	FREQUENCY	SAMPLE
(32-37)		AVERAGE	MAXIN	MUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63	OF ANALYSIS (64-68)	TYPE (69-70)
SULING, TUTAL	SAMPLE MEASUREMEN	*****	**	****		****	0.55	0.70	(19)	0	01/84	BR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	***	***	***	*****	30 MO AVG	100 DAILY MX	MG/L		DNCE/ BATCH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMEN	0.00027	0.000	043	(03)	*****	*****		1107	0	WH/DS	ES
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 MO AVG	0.06 DAIL	r MX	MGD	*****	*****	*****	****		DISCH	ESTIN
	SAMPLE MEASUREMENT										013611	
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT								- 17			
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT	т										
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NAME/TITLE PRINCIPAL EXECUTIVE		RTIFY UNDER PENALTY C	OF LAW THAT	1 HAVE	PERSONALLY	EXAMINED	0		TELEPHON	E	DA	ATE
T. A. SULCIVAN PLANT MANAGER AND AM FAMILIAR WITH THE INFO ON MY INDURY OF THOSE IND OBTAINING THE INFORMATION I TRUE ACCURATE AND COMPEL SCHIEFLY OF FINE AND II				MMEDIATE HE SUBN M AWAR FALSE IN INT SEE	ELY RESPONS MITTED INFOR E THAT TH FORMATION 18 USC \$	SIBLE FOR MATION IS ERRE ARE INCLUDING	LIPE OF PRINCIPAL	EXECUTIVE SO	0747-8	RIAN	951	0 14
TYPED OR PRINTED	\$10,00	ISC § 1319 (Penalties 10 and or maximum imprisor	under these si timent of between	tatutes m	nay include f is and 5 years.)	ines up to	CER OR AUTHORIZE			BER	YEAR M	10 BAY
COMMENT AND EXPLANATION OF AN						F			61			
SEE PAGE 5 OF PERMIT	T PARAGRA	IPH N FOR SI	MUIGO	VITR	ATE RE	PORTING RE	QUIERMENTS	. ATTACH	ALL RE	LAT	ED REP	ORTS

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(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)