



BOSTON EDISON

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

October 19, 1995
BEC0 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
R PDR

IE48
1/1

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.

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 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.

<u>Date Discharged</u>	<u>Gallons Discharged</u>	<u>Concentration Before Discharge</u>	<u>Concentration Discharged</u>
Boron			
9/9/95	13,026	<1.0	<0.0013
9/21/95	11,690	<1.0	<0.0013
Sodium 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 (BEC0 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

NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

MA0003557
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

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

FACILITY _____
 LOCATION _____

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	30

*** 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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	95.1	(15)	0	99/99	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	102	OF			CONTINRCORDR
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0		*****	*****		*****	0.01	0.02	(19)	0	WHPS GR	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	MG/L		WHEN GRAB DISCHR	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		443.9	446.4	(03) MGD	*****	*****	*****		0	99/99 ES	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0	510.0	MO AVG DAILY MX MGD	*****	*****	*****	****		CONTINESTIMA UOUS	
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0		*****	*****		*****	*****	29.6	(15)	0	99/99 CA	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	32	OF		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 KNOWLEDGE 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.)

T. A. Sullivan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 10 14

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.

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

APPROVAL EXPIRES 10-31-94
THERMAL BACKWASH

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

MA0003557
 PERMIT NUMBER

002 1
 DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	MO	DAY	TO	YEAR	MO	DAY					
95	09	01	TO	95	09	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) QUALITY OR CONCENTRATION (38-45)			QUALITY 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						
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****		*****	*****	108.9	(15) OF	0	99/99	RC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	****	*****	*****	120 DAILY MX	DEG.F	0	CONTINUOUS	RECORD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	69.7	(03) MGD	*****	*****	*****	*****	*****			0	WH/RS	ES
	PERMIT REQUIREMENT	*****	255.0 DAILY MX	MGD	*****	*****	*****	*****	*****			0	WHEN DISCH	ESTIMATE
	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.)

T.A. Sullivan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 10 14
 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.

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

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 _____
ATTN: T.A. SULLIVAN, PLANT MANAGER

MA0003557
PERMIT NUMBER

003 A
DISCHARGE NUMBER

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	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	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			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 1 EFFLUENT GROSS VALUE		0.73	2.02	(03) MGD	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	4.1 MO 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
T.A. SULLIVAN
PLANT MANAGER
TYPED OR PRINTED

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T.A. Sullivan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
DATE: 95 10 04
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)

MA0003557
PERMIT NUMBER

004 A
DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
F - FINAL OMB No. 2040-0004
YARD DRAINS Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	30
	(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 ROSTON RD #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360
FACILITY _____
LOCATION _____
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				
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	2.3	2.3	(19) MG/L	0	02/YR	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19) MG/L	0	02/YR	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
	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)

T.A. Sullivan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
DATE: 95 10 14
AREA CODE NUMBER YEAR MO DAY

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

NATIONAL DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)

MAJOR (SUBR S) Form Approved. OMB No. 2040-0004
 F - FINAL Approval expires 10-31-94
 YARD DRAINS

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

MA0003557
 PERMIT NUMBER

005 A
 DISCHARGE NUMBER

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
95	09	01		95	09	30	
(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)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (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 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	1.2	1.2	(19) MG/L	0	02/YR	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	<4.0	<4.0	(19) MG/L	0	02/YR	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
	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.)

T.A. Sullivan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 10 14
 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)

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

YARD DRAINS approval expires 10-31-94

MA0003557

006 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	30
	(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 EQ #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

BED #1

PLYMOUTH MA 02360

FACILITY

LOCATION

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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	1.8	1.8	(19) MG/L	0	02/YR	GR
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
OIL AND GREASE	*****	*****	*****	*****	*****	<4.0	<4.0	(19) MG/L	0	02/YR	GR
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15 DAILY MX	MG/L		SEMI-ANNUAL	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 747-8100 95 10 14

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RED #1

PLYMOUTH MA 02350

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

007 A
DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

YARD DRAINS Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	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) QUALITY OR CONCENTRATION (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	SAMPLE MEASUREMENT	*****	*****		*****	2.6	2.6	(19) MG/L	0	02/YR	GR		
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		SEMI-GRAB ANNUAL			
OIL AND GREASE	SAMPLE MEASUREMENT	*****	*****		*****	4.0	4.0	(19) MB/L	0	02/YR	GR		
FREON EXTR-GRAV METH	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15 DAILY MX	MG/L		SEMI-GRAB ANNUAL			
00556 1 0 0	SAMPLE MEASUREMENT												
EFFLUENT GROSS VALUE	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 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.)

T.A. Sullivan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 508 747-8100
DATE 95 10 14
AREA CODE NUMBER YEAR MO DAY

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

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
APT #1
PLYMOUTH MA 02360
 FACILITY _____
 LOCATION _____

MA0003557
 PERMIT NUMBER

008 A
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	09	01	TO	95	09	30
(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)			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	No Discharge	0.73	0.73	(03) MGD	*****	*****	*****		001/01	ES
EFFLUENT GROSS VALUE		MO AVG	DAILY MX		*****	*****	*****	****	DAILY	ESTIMA

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.)

T.A. Sullivan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

508 747-8100

DATE

95 10 14

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

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

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 _____

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

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

MA0003557
 PERMIT NUMBER

010 A
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	09	01		95	09	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	*****	*****			*****	0.12	0.50	(19)	0 99/99	RC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	*****	*****	****	****	*****	0.5 MO AVG	1.0 DAILY MX	MG/L MG/L		CONTINRCORDR UOUS
EFFLUENT GROSS VALUE	11.8	*****	(03)	*****	*****	*****	*****		0 99/99	ES
	PERMIT REQUIREMENT	19.4 MO AVG	*****	MED MGD	*****	*****	*****	****		CONTINESTIMA UOUS
	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.)

T.A. Sullivan
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
508 747-8100
 DATE
95 10 14

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.

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

(2-16) (17-19)

MA0003557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

MAKE UP WATER AND GENERALIZE Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	09	01		95	09	30
	(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 ROSTON ED #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360
FACILITY _____
LOCATION _____
ATTN: T.A. SULLIVAN, PLANT MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY 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			
SOLIDS, TOTAL SUSPENDED		*****	*****		*****	0.55	0.70	(19)	0	01/BA BR
00530 1 0 0										
EFFLUENT GROSS VALUE		*****	*****	****	*****	30	100	MG/L		ONCE / GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.00027	0.00043	(03) MGD	*****	*****	*****	MG/L		WH / DS ES
50050 1 0 0										
EFFLUENT GROSS VALUE		0.015	0.06	MGD	*****	*****	*****	****		WHEN ESTINA DISCHR
		MO AVG	DAILY MX	MGD						

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.)

T.A. Sullivan
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
DATE: 95 10 14
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 REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM