

PILGRIM I DISCHARGE PERMIT REPORT

In accordance with the Federal Clean Water Act, as amended (33USC 1251 Et. Seg: the "CWA", and the Massachusetts Clean Waters Act, as amended (M.G.L., C21, 26-53), regarding effluent limitations, monitoring requirements and other conditions set forth in the Pilgrim Discharge Permits (Federal Permit Number MA003557, and State Permit Number 359), Parts I and II, the following information is submitted for the period April 1, 1984-June 30, 1984.

I. Discharge Points Covered in this Report

<u>Discharge Point</u>	<u>Discharge Identification</u>
001	Condenser Cooling Water
010	Service Cooling Water
011	Makeup Water and Demineralizer Waste Discharge
002	Condenser Backwash and Slime Control
003	Intake Screen Wash

II. Summary and Notes of Discharge Report

A. The flow points 001 and 010 are calculated from system pump capacity and all equal to the total flow for all pumps in the system running at full capacity for a 24-hour period. The flow point 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 point 003 is calculated from system pump capacity and mean operating time.

B. The temperature at point 001 and 002 are measured by resistance temperature detectors (RTD's).

C. Periodically, total residual chlorine concentration in the service cooling water (010) exceed Permit requirements, primarily because of the number of service water pumps in operation. Chlorine levels were lowered as a corrective measure although the dilution provided by the flow kept total residual chlorine concentrations discharged to Cape Cod Bay below 0.1 ppm.

D. Via USEPA letter to Boston Edison Company dated December 1, 1983, Pilgrim Station has been given permission to increase its Service Cooling Water (010) flow rate from 11.7 MGD to 19.4 MGD.

E. Pilgrim Station shutdown on December 10, 1983 for a planned outage and remained shutdown from April 1-June 30, 1984.

F. As of March 27, 1984, both Pilgrim Station sea water circulation pumps were taken out of service for approximately 14 weeks.

PERMIT 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 _____

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

MA0003557 PERMIT NUMBER
 001 1 DISCHARGE NUMBER

F - FINAL LIMITS
 COOLING WATERS

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

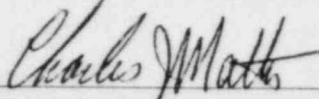
ATTN: C.J. MATHIS, STATION MANAGER

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 (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	*****	*****	*****	*****	41.6	43.6	46.7		0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	0	0			*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	447.0 30DA AVG	510.0 DAILY MX	MGD		*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	0	0		0		
	*****	*****	*****	*****	*****	*****	.1 DAILY MX	MG/L		ONCE/	GRAB-2 DISCHG

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 C.J. MATHIS
 STATION 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: 617 746-7900
 DATE: 84 07 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PH SHALL NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER.
 TEMP. SHALL AT NO TIME EXCEED A 32 DEGREE RISE OVER TEMP OF INTAKE WATER.

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 _____

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

MA0003557
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 COOLING WATERS

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(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	UNITS			
TEMPERATURE, WATER DEG, FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	44.9	47.7	52.4		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102	DEC, F		CONTIN	CONTIN
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	447.0 30DA AVG	510.0 DAILY MX	MGD	*****	*****	*****	*****	*****	CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	0		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	MG/L		ONCE/	GRAB-2 DISCHG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION MANAGER
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Charles Mathis
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
617	746-7900	84	07	20
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT OR EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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 TEMP. SHALL AT NO TIME EXCEED A 32 DEGREE RISE OVER TEMP OF INTAKE WATER.

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 _____

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

(2-16) (17-19)

MA0003557 PERMIT NUMBER
 0011 DISCHARGE NUMBER

F - FINAL LIMITS
 COOLING WATERS

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(28-31)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	*****	*****	*****	*****	51.8	54.0	56.3	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	*****	*****	*****	*****	*****	*****	102 INST MX	DEG.F	CONTIN UOUS	CONTIN UOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	*****	*****	*****	*****	*****	*****	*****	*****	CONTIN UOUS	CONTIN UOUS
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0	0	0	0		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	.1 DAILY MX	MG/L	ONCE/ DISCHG	GRAB=2
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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STATION MANAGER
 TYPED OR PRINTED

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Charles Mathis
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TELEPHONE		DATE		
617	746-7900	84	07	20
AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

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

MA0003557
 PERMIT NUMBER

002 1
 DISCHARGE NUMBER

F - FINAL LIMITS
 CONDENSER BACKWASH

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

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PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (67-68)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	*****	*****	*****	*****	no backwashes				0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	0	0			*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	*****	255.0	DAILY MX	MGD	*****	*****	*****	*****		SEE ESTIMA PERMIT	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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Charles Mathis
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TELEPHONE: 617 746-7900
 DATE: 84 07 20

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 7 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557
PERMIT NUMBER

002 1
DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (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		*****	*****	*****	no backwashes				0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0		*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	CONTINUOUS
		0	0		DAILY MM	DAILY MX					
		*****	255.0 DAILY MX	MGD	*****	*****	*****	*****		SEE PERMIT	ESTIMATE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION MANAGER
TYPED OR PRINTED

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Charles Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 717 746-7500
DATE 84 07 20
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 7 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

DISCHARGE MONITORING REPORT (DMR)

(2-16) **MA0003557** (17-19) **002 1**
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	06	01	TO	84	06	30
(28-29)	(22-23)	(24-25)		(28-29)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	<i>no backwashes</i>				0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	*****	120	DEG.F	CONTINCONTINUOUS	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	255.0 DAILY MX	MGD	*****	*****	*****	*****	*****	SEE ESTIMATE PERMIT	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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
Charles Mathis
TELEPHONE: 717 746-7400
DATE: 84 07 20
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 7 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

(2-16) **MA0003557** PERMIT NUMBER
(17-19) **003 A** DISCHARGE NUMBER

F - FINAL LIMITS
INTAKE SCREEN WASH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	04	01	TO	84	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY 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 EFFLUENT GROSS VALUE		0.039	0.084	MGD	*****	*****	*****	*****	0		CONTINESTIMAOUS
		0.336 30DA AVG	2.02 DAILY MX		*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C.J. MATHIS STATION 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.)	TELEPHONE 617 746 700	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Charles Mathis</i>	AREA CODE	NUMBER

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.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

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

MA0003557
 PERMIT NUMBER

003 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 INTAKE SCREEN WASH

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	05	01	TO	84	05	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) 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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	0.051	0.084		MGD	*****	*****	*****	*****	0		CONTINUOUS
	PERMIT REQUIREMENT	0.336 30DA AVG	2.02 DAILY MX		*****	*****	*****	*****			
	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
C. J. MATHIS
STATION 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.

Charles Mathis
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 617 746-7900
 DATE 84 07 20

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.

PERMITTEE NAME/ADDRESS (Include Facility Name if location is different)

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

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

MA0003557
 PERMIT NUMBER

003 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 INTAKE SCREEN WASH

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE		0.298	0.315		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	0.336 30DA AVG	2.02 DAILY MAX	MGD	*****	*****	*****	*****			CONTINESTIMATED
	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
C.J. MATHIS
 STATION 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.)

C. J. Mathis
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 617 746-7500
 AREA CODE NUMBER

DATE
 84 07 20
 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 DISTAN FORM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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

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

Form Approved OMB No. 2040-0004 Expires 2-29-84

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

(2-16) **MA0003557** PERMIT NUMBER
 (17-19) **010 A** DISCHARGE NUMBER

F - FINAL LIMITS
SERVICE COOLING WATER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	04	01		84	04	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION 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 50050 1 0	4.21	10.2			*****	*****	*****	*****	0	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.7	*****	MGD	*****	*****	*****	*****		CONTIN DAILY
CHLORINE, TOTAL RESIDUAL 50060 1 0	0.10	0.31	0.53		0.10	0.31	0.53	12		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	0.25 30DA AVG	0.5 DAILY MX	MG/L		CONTIN DAILY
	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
C. J. MATHIS
STATION 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.)

Charles Mathis
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **617 746-7400**
 DATE **84 07 20**
 AREA CODE NUMBER YEAR MO DAY

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)

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

NAME BOSTON ED #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
RFD #1
PLYMOUTH MA 02460
FACILITY _____
LOCATION _____

(12-16) **MA0003557**
PERMIT NUMBER

(17-19) **010 A**
DISCHARGE NUMBER

F - FINAL LIMITS
SERVICE COOLING WATER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(129-21)	(122-23)	(124-25)	(126-27)	(128-29)	(130-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (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	6.86	14.4		MGD	*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	11.7	*****		*****	*****	*****	*****			CONTIN DAILY UOUS
CHLORINE, TOTAL RESIDUAL 50060 1 0	0.10	0.23	0.36		0.25	0.5	30DA AVG	DAILY MX	6		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	*****			CONTIN DAILY UOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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.)

Charles Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 742 7500
DATE: 84 07 20

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)

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

22 + 26

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557
PERMIT NUMBER

010 A
DISCHARGE NUMBER

F - FINAL LIMITS
SERVICE COOLING WATER

FACILITY _____
LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	06	01	TO	84	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE		14.39	14.4	MGD	*****	*****	*****	*****	0	CONTINUOUS	DAILY
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	0.11	0.20	0.31	MG/L	3	CONTINUOUS	DAILY
						0.25 30DA AVG	0.5 DAILY MX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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.)

Clark Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 677 7467500
DATE: 84 07 20
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)

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557 PERMIT NUMBER
011 A DISCHARGE NUMBER

F - FINAL LIMITS
MAKE UP WATER AND DEMINERALIZE

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
<small>(20-21)</small>	<small>(22-23)</small>	<small>(24-25)</small>	<small>(26-27)</small>	<small>(28-29)</small>	<small>(30-31)</small>

ATTN: C.J. MATHIS, STATION MANAGER

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 (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	*****	*****	*****	*****	6.2	*****	8.3		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.1 MINIMUM	*****	8.4 MAXIMUM	30		SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.1	28.6		0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L		SEE PERMIT	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.011	0.020		*****	*****	*****	*****	0		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****		SEE PERMIT	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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 3 years.

Charles Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 617 746-7500
DATE: 84 07 20
AREA CODE: 617 NUMBER: 746-7500 YEAR: 84 MO: 07 DAY: 20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FORMERLY DESIGNATED DISCHARGE COIB, SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM, SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS,

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557
PERMIT NUMBER

011 A
DISCHARGE NUMBER

F - FINAL LIMITS
MAKE UP WATER AND DEMINERALIZE

MONITORING PERIOD
FROM 84 05 01 TO 84 05 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(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			
PH		*****	*****	*****	6.2	*****	8.1	0		
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.1 MINIMUM	*****	8.4 MAXIMUM	SU		SEE GRAB PERMIT
SOLIDS, TOTAL SUSPENDED		*****	*****	*****	*****	8.8	19.2	0		
00530 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L		SEE GRAB PERMIT
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.009	0.013		*****	*****	*****	*****	0	
50050 1 0 EFFLUENT GROSS VALUE		0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****		SEE ESTIMA PERMIT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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.)

Chad Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 477 746-7500
DATE: 89 07 20
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FORMERLY DESIGNATED DISCHARGE 001B. SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM. SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS.

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

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557 PERMIT NUMBER
011 A DISCHARGE NUMBER

F - FINAL LIMITS
MAKE UP WATER AND DEMINERALIZE

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
84	06	01		84	06	30
(12-21)	(12-21)	(12-25)		(12-27)	(12-29)	(12-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(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	UNITS			
PH		*****	*****	*****	6.2	*****	6.8				
00400 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	6.1 MINIMUM	*****	6.4 MAXIMUM	SU		SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED		*****	*****	*****	*****	11.3	26.2				
00530 1 0 EFFLUENT GROSS VALUE		*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L		SEE PERMIT	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.010	0.013		*****	*****	*****	*****			
50050 1 0 EFFLUENT GROSS VALUE		0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****		SEE PERMIT	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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.)

Charles Mathis
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 617 746-7300
DATE: 84 07 20
AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DAY: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FORMERLY DESIGNATED DISCHARGE 001B. SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM. SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS.

BOSTON EDISON COMPANY
800 BOYLSTON STREET
BOSTON, MASSACHUSETTS 02199

WILLIAM D. HARRINGTON
SENIOR VICE PRESIDENT
NUCLEAR

July 28, 1984
BECO. 5.84.029

United States Environmental Protection Agency
Region I
Permits Processing Unit - Room 2109
John F. Kennedy Federal Building
Boston, Massachusetts

Massachusetts Division of Water Pollution Control
Lakeville Hospital
Lakeville, Massachusetts 02203

Gentlemen:

Enclosed is the Discharge Monitoring Report for Pilgrim Nuclear Power Station, NPDES, Permit Number OC03557 (Federal) and Number 359 (State).

The period covered by this report is April 1, 1984 to June 30, 1984.

Very truly yours,

WD Harrington

Attachment - Discharge Monitoring Report

- cc: Mr. Domenic B. Vassallo, Chief (w/attachments)
Operations Reactors Branch #2
Division of Licensing
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555
- cc: Dr. Thomas E. Murley (w/attachments)
Regional Administrator
Office of Inspection & Enforcement
Region I
631 Park Avenue
King of Prussia, PA 19406

*IE-25
1/1*