



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

November 15, 1995
BEC0 5.95.093

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 October, 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
General Manager-Technical

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

9511210116 951031
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 October, 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. Sawdust was applied to seek and seal PNPS condenser leaks on October 29 (60 pounds).
- G. The following boron and sodium nitrite discharges (ppm) occurred in October 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

10/04/95	11,356	<1.0	<0.0013
10/16/95	11,022	<1.0	<0.0013
10/31/95	13,026	<1.0	<0.0013

Sodium Nitrite

10/4/95	11,356	<1.0	<0.0013
10/16/95	11,022	<1.0	<0.0013
10/31/95	13,026	<1.0	<0.0013

- H. On October 6, 1995 a telephone call (BEC Co Telecon 4.95.015) was made to the U.S. EPA, as required by the PNPS NPDES permit, to inform them of a thermal backwash temperature limit (120°F) violation. For approximately 6 minutes on October 5, 1995, thermal backwash intake temperature exceeded 120°F with a maximum of 123.9°F being recorded. The reasons for exceeding the backwash temperature limit were believed to be extreme biofouling of condenser tubes in combination with low tide conditions.
- I. Pilgrim Station Marine Ecology Semi-Annual Report NO. 46 was sent to the U.S. EPA and Mass. DEP on October 17, 1995 as required by the NPDES permit #MA0003557 (BEC Co Letter 5.95.085).

ATTACHMENT 2 TO BECo LETTER 5.95.093

DISCHARGE MONITORING REPORT

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
 NAME ROCKY HILL ROAD #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)
 M:0003557 PERMIT NUMBER
 001 1 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 95 10 01 TO 95 10 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

*** 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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	91.4	(15)	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	102	OF		CONTINRC	CORDR
				****			DAILY MX	DEG.F		UOUS	
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.03	0.05	(19)	0	WH/DS	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	MG/L		WHEN GRAB	DISCHR
				****		MO AVG	DAILY MX	MG/L		DISCHR	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	436.9	446.4	(03) MGD	*****	*****	*****		0	99/99	ES
	PERMIT REQUIREMENT	447.0	510.0		*****	*****	*****	****		CONTINESTIMA	UOUS
		MO AVG	DAILY MX	MGD				****		UOUS	
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	29.9	(15)	0	99/99	CA
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	32	OF		CONTINCALCTD	UOUS
				****			DAILY MX	DEG.F		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.)

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

TELEPHONE DATE
 508 747-8100 11 14 95
 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 SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.
 EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM 1-70 WHICH MAY NOT BE USED) PAGE OF

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

(2-16) (17-19)

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

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

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

MA0003557
PERMIT NUMBER

002 1
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 95 MO 10 DAY 01 TO YEAR 95 MO 10 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	123.9 (15)	#1	99/99	RC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		*****	*****	****	*****	*****	120 DAILY MX	of DEG.F		CONTINUOUS RECORDS
EFFLUENT GROSS VALUE		*****	37.2	(03) MGD	*****	*****	*****			OWH/DS ES
		*****	255.0	DAILY MX MGD	*****	*****	*****	****		WHEN ESTIMATED DISCH

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 11 14 95
DATE
AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ***SEE SUMMARY NOTES #II. H.**
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 TH

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)

MAJ003557 (2-16) PERMIT NUMBER
 003 A (17-19) 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	10	07		95	10	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) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE		0.67	1.42	(G3) 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: 11 14 95
 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 AT AMBIENT TEMP. SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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)

MA0003557
 PERMIT NUMBER

008 A
 DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
 F - FINAL OMB No. 2040-0004
 SEA FOAM SUPPRESSION DISCHARGE Approval expires 10-21-94

FACILITY _____
 LOCATION _____

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
95	10	01	95	10	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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	<i>No Discharge</i>	<i>0.73</i>	<i>0.75</i>	<i>(03) MSD</i>	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	<i>NO AVG</i>	<i>DAILY MX</i>	<i>MGD</i>	*****	*****	*****	****		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 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 11 14 95
 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 02360
 FACILITY _____
 LOCATION _____

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

MA0003557 PERMIT NUMBER
 010 A DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	10	01	TO	95	10	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)	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			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0		*****	*****		*****	0.21	0.81	(19)		RC
EFFLUENT GROSS VALUE		*****	*****	****	*****	0.5	1.0	MG/L		CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0		9.3	*****	(03)	*****	MO AVG	DAILY MX	MG/L		ES
EFFLUENT GROSS VALUE		19.4	*****	MGD	*****	*****	*****	****		CONTINUOUS
				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: 11 14 95

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)

MAJOR (SUBRS) Form Approved.
F - FINAL OMB No. 2040-0004
Approval Expires 10-91-84
MAKE UP WATER AND DEMINERALIZE

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 _____

MAC003557
PERMIT NUMBER

011 A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	10	01		95	10	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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-61)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	*****	*****	*****	*****	0.9	1.0	(19) MG/L	0	01/BA	GR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	MG/L		ONCE/	GRAB BATCH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	0.00039	0.00043	(03) MGD	*****	*****	*****	*****	0	WH/DS	ES	
EFFLUENT GROSS VALUE	0.015 MO AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****		WHEN DISCHR	ESTINA	
	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 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: 308 747-8100
DATE: 11 14 95
AREA CODE: 308 NUMBER: 747-8100 YEAR: 11 MO: 14 DAY: 95

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