



BOSTON EDISON

Pilgrim Nuclear Power Station
Rocky Hill Road
Plymouth, Massachusetts 02360

W. C. Rothert
General Manager Technical

April 20, 1995
BEC0 5.95.026

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 March, 1995.


W. C. Rothert

RDA/lam/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

9504270080 950331
PDR ADOCK 05000293
R PDR

JEZ

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 March, 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 March.
- G. The following boron and sodium nitrite discharges (ppm) occurred in March 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			
3/02/94	8,350	1.0	0.0013
3/12/95	11,022	0.1	0.0001
3/23/95	11,356	8.2	0.0106
3/31/95	14,028	0.5	0.0006
Sodium Nitrite			
3/02/95	8,350	6.0	0.0077
3/12/95	11,022	3.0	0.0039
3/23/95	11,356	33.0	0.0426
3/31/95	14,028	36.0	0.0465

- H. Approximately 50 cubic yards of sand were removed from the concrete surface of the intake structure on March 1, 2 and 7, 1995. It was pumped into breakwater crevices above the high tide mark. The sand removal was necessary to alleviate concern over its effects on normal operation of mechanical components/traveling screens, and it was expected to have no adverse environmental impact. The removal operation was in accordance with Part I, Paragraph A.1.0 of the NPDES Permit.
- I. By telecon on March 17, 1995 (BECo Telecon 4.95.003), the U.S. EPA approved the discharge of a fire water storage tank to the PNPS intake embayment in order that maintenance may be performed on it. The tank contains 250,000 gallons of Plymouth town water and will be discharged at the rate of 200 gpm. The water has no detectable radiological activity, pH 6.7, total suspended solids <5.0 ppm, silica 10.8 ppm, chlorides 14.1 ppm and nitrites <2.0 ppm.
- J. On March 31, 1995 the USEPA approved a discharge with a pH below the allowable NPDES Permit limit (6.1) from the PNPS demineralizer waste discharge point (011)(BECo Telecon 4.95.004). The pH in the waste tank was approximately 5.5 but its discharge to Cape Cod Bay, with one circulating water pump dilution, was expected to have no adverse environmental impact.

ATTACHMENT 2 TO BECo LETTER 5.95.026

DISCHARGE MONITORING REPORT

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

DISCHARGE MONITORING REPORT (DMR)

MA0003557
 PERMIT NUMBER

0011
 DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
 F - FINAL OMB No. 2040-0004
 CONDENSER COOLING WATER ~~APPROVED~~ 1989

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	95	03	01		95	03	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

ATTN: T.A. SULLIVAN, PLANT MANAGER

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)				NO. EX (52-53)	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	*****	*****	*****	*****	*****	*****	*****	*****	71.5	(15)	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	102	OF	CONTINRCORDR
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	*****	*****	*****	*****	*****	0.02	0.04	*****	0.04	(10)	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	*****	MO AVG	DAILY MX	WHEN GRAB DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	*****	384.8	446.4	(03)	*****	*****	*****	*****	*****	*****	ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0	510.0	MGD	*****	*****	*****	*****	MO AVG	DAILY MX	CONTINESTIMA
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	29.6	(15)	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****	32	OF	CONTINCALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
PLANT MANAGER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

WJ Ruggie Sr. T.A.S.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
508 747-8100 95 4 7
 AREA CODE NUMBER YEAR MO DAY

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

PH SHALL NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER. SEE PERMIT PAGE 5 PARAGRAPHS M&N FOR BORON AND SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM. A BARRIER NET SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.

Facility Name/Location (if different)
 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

002 1
 DISCHARGE NUMBER

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

FACILITY
 LOCATION

MONITORING PERIOD
 FROM YEAR 95 MO 03 DAY 01 TO YEAR 95 MO 03 DAY 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 (62-67)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	*****	*****	*****	*****	*****	*****	*****	*****	(15)	0 99/99	RC
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	*****	*****	*****	OF		CONTINRCORDR
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	*****	*****	*****	****	*****	*****	*****	*****	DAILY MX	DEG.F	UOUS
EFFLUENT GROSS VALUE	*****	*****	*****	****	*****	*****	*****	*****	****		WHEN ESTIMA
	*****	*****	*****	****	*****	*****	*****	*****	****		DISCHR
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	*****	*****	*****	****	*****	*****	*****	*****	****		

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.)

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

TELEPHONE 508 747-8100
 DATE 95 4 7
 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.

Facility Name/Location if different:
 NAME BOSTON EQ #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360
 FACILITY _____
 LOCATION _____

DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)

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	03	01		95	03	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1-1 ***
 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 50050 1 0 1 EFFLUENT GROSS VALUE		0.165	0.504	(03) MBD	*****	*****	*****	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

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.)

W. J. Ruggieri
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 508 747-8100
 DATE 95 4 7
 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.

Facility Name/Location if different:

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

008 A
 DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
 F - FINAL OMB No. 2040-0004
 SEA FOAM SUPPRESSION DISCHARGE

FACILITY _____
 LOCATION _____

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE		<i>No Discharge (03) MGD</i>			*****	*****	*****			0	01/01 ES
	PERMIT REQUIREMENT	0.73 NO AVG	0.73 DAILY MX	MGD	*****	*****	*****	****			DAILY ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
 PLANT MANAGER
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 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.)

W. J. ... for T.A.S.
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 4 7
 AREA CODE NUMBER YEAR MO DAY

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

Facility Name/Location if different

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

REF #1

PLYMOUTH MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557 PERMIT NUMBER

010 A DISCHARGE NUMBER

MAJOR (SUBR 5) Form Approved. OMB No. 2040-0004 F - FINAL Approval expires 10-31-94 PLANT SERVICE COOLING WATER

MONITORING PERIOD

Table with columns: YEAR, MO, DAY, TO, YEAR, MO, DAY. Values: 95 03 01 TO 95 03 31

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

Main data table with columns: PARAMETER, QUANTITY OR LOADING, QUALITY OR CONCENTRATION, NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Rows include Oxidants, Total Residual, Effluent Gross Value, Flow in Conduit, etc.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER T.A. SULLIVAN PLANT MANAGER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN...

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 508 747-8100 DATE 95 4 7

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.

Facility Name/Location if different)

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAD003557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

HAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

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

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
95	03	01		95	03	31
(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)			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					
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	15.8	31.8	(19) MG/L	0	01/BA	GR			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		ONCE/BATCH	GRAB		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00037	0.00047	(03) MGD	*****	*****	*****	*****	0	W/DS	ES		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	0.015 MO AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****		WHEN DISCHR	ESTIMA		
50050 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.)

W. J. ...
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 747-8100
 DATE: 95 4 7
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PAGE 5 OF PERMIT PARAGRAPH N FOR SODIUM NITRATE REPORTING REQUIERMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM