



Boston Edison

Pilgrim Nuclear Power Station
Rocky Hill Road
Plymouth, Massachusetts 02360

Henry V. Oheim
General Manager - Technical Section

July 21, 1997
BECO Ltr. 5.97.078

Planning and Administration (SPA)
U.S. Environmental Protection Agency
P.O. Box 8127
Boston, MA 02114-8127

Massachusetts Dept. of Environmental Protection
20 Riverside Drive
Lakeville, MA 02347

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 June, 1997.

Should you have any questions on this report, please direct them to our Principal Marine Biologist, Mr. Robert Anderson, at (508) 830-7935.

Respectfully,


H. V. Oheim

11
Ie25

RDA/avf/radmisc/DMR-APR

- Attachments: 1. Summary
- 2. Discharge Monitoring Report

cc: U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555

Mass. Dept. of Environmental Protection
Office of Watershed Management
627 Main Street
Worcester, MA 01608

U. S. Nuclear Regulatory Commission
Region I
475 Allendale Road
King of Prussia, PA 19406

050093

Senior NRC Resident Inspector
Pilgrim Nuclear Power Station

9707280038 970630
PDR ADOCK 05000293
R PDR



ATTACHMENT 1 TO BECo LETTER 5.97.078

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 June 1997.

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 flows 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. Flows 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, samples are collected by grab sampling. Samples are handled and stored in accordance with 40 CFR 136. No additional inputs to these stormwater outfalls occur downstream of the 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 June 1997.
- G. The following boron and sodium nitrite discharges (ppm) occurred in June 1997 from discharge point #001. All discharges were below NPDES permit limits prior to entering Cape Cod Bay.

<u>Date</u> <u>Discharged</u>	<u>Gallons</u> <u>Discharged</u>	<u>Concentration</u> <u>Before Discharge</u>	<u>Concentration</u> <u>Discharged</u>
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None

ATTACHMENT 2 TO BEC_o LETTER 5.97078

DISCHARGE MONITORING REPORT

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 BOSTON ED #1 PILGRIM PLANT
LOCATION PLYMOUTH MA 02360
ATTN: T.A. SULLIVAN, PLANT MANAGER

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

(2-16) **MA0003557** (17-19) **001 1**
 PERMIT NUMBER DISCHARGE NUMBER

CONDENSER COOLING WATER
 (SUBR 5) 12345
 F - FINAL
 MAJOR

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	06	01		97	06	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 (54-57)			(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 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	94.8	(15) OF	0	99/99	RC
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	102	DAILY MX DEG.F			CONTINRCORR UOUS
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.01	0.07	(19) MG/L	0	WH/DS GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	0.1	0.1	MG/L			WHEN GRAS DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	446.4	446.4	(03) MGD	*****	*****	*****	*****	*****	0	99/99	ES
	PERMIT REQUIREMENT	447.0	510.0	MGD	*****	*****	*****	*****			CONTINESTIMA UOUS
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	30.4	(15) OF	0	99/99	CA
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	32	DAILY MX DEG.F			CONTINCALCTD UOUS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER C.S. GODDARD 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.)	TELEPHONE 508 830-8100	DATE 97 07 12		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA CODE	NUMBER

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.

FORM 350-1 (Rev. 1-88) (Instructions may be used.) (REPLACES FORM 350-1 WHICH MAY NOT BE USED.)

00356/970110-0759 PAGE OF 1

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 BOSTON ED #1 PILGRIM PLANT
 LOCATION PLYMOUTH MA 02360
 ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) **MA0003557** PERMIT NUMBER
 (17-19) **002 1** DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR **97** MO **06** DAY **01** TO YEAR **97** MO **06** DAY **30**
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

THERMAL BACKWASH
 (SUBR S) 12345
 F - FINAL
 MAJOR

*** 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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****					
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	120				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	<i>Backwash (03) MGD</i>		*****	*****					
	PERMIT REQUIREMENT	*****	255.0 DAILY MX MGD		*****	*****	*****	****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C. S. GODDARD
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 5 months and 5 years.)

[Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 808 830-8106
 DATE 97 07 12
 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 TH

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
 MA0003557
 PERMIT NUMBER

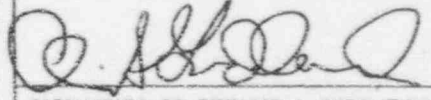
(17-19)
 003 A
 DISCHARGE NUMBER

INTAKE SCREEN: WASH
 (SUBR S) 12345
 F - FINAL
 MAJOR

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	97	06	01		97	06	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 (46-53)			QUALITY OR CONCENTRATION (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		1.52	3.17	(03) MGD	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	4.1 NO 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									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>C.S. GODDARD</u> <u>PLANT MANAGER</u> 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.)	TELEPHONE <u>508 830-8100</u>	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	NUMBER	YEAR
			97	07	12

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
 IF AMBIENT TEMP. SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

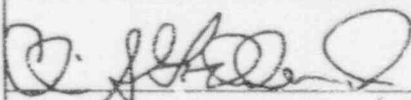
PERMITTEE NAME/ADDRESS (include Facility Name/Location if different)
 NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RFD #1
PLYMOUTH MA 02360
 FACILITY BOSTON ED #1 PILGRIM PLANT
 LOCATION PLYMOUTH MA 02360
 ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE (ELIMINATION) SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-16) (17-19)
 MA0003557 PERMIT NUMBER
 G08 A DISCHARGE NUMBER
 MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 97 08 01 TO 97 08 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

SEA FOAM SUPPRESSION DISCHARGE (SUBR S) 12345
 F - FINAL MAJOR

*** 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 (54-57)				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	no discharge	0.73	0.73	(03) MGD	*****	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	0.73 MO 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 C.S. GODDARD 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.)	TELEPHONE	DATE			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	508 830-8100	97	07	12
		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
RFD #1
PLYMOUTH MA 02360
 FACILITY BOSTON ED #1 PILGRIM PLANT
 LOCATION PLYMOUTH MA 02360
 ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

PLANT SERVICE COOLING WATER
 (SUBR S) 12345
 F - FINAL
 MAJOR

MONITORING PERIOD


FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
97	06	01	97	06	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 (54-61)			QUALITY OR CONCENTRATION (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	*****	*****	*****	*****	0.11	0.37	(19) MGL	0	01/01	BR
EFFLUENT GROSS VALUE	*****	*****	****	*****	0.5	1.0	MG/L		CONTINUOUS	RECORD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	12.56	*****	(03) MGD	*****	*****	*****	MG/L	0	09/99	ES
EFFLUENT GROSS VALUE	19.4	*****	MGD	*****	*****	*****	MG/L		CONTINUOUS	TESTING

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.S. GODDARD
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 § 1312. (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: 508-830-8100
 DATE: 97 07 12
 AREA CODE: 508 NUMBER: 830-8100 YEAR: 97 MO: 07 DAY: 12

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.

NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RFD #1
PLYMOUTH MA 02360
 FACILITY BOSTON ED #1 PILGRIM PLANT
 LOCATION PLYMOUTH MA 02360
 ATTN: T.A. SULLIVAN, PLANT MANAGER

MA0003557
 PERMIT NUMBER

011 A
 DISCHARGE NUMBER

MAKE UP WATER AND DEMINERALIZE
 (SUBR S : 12345)
 F - FINAL
 MAJOR

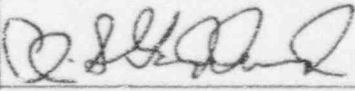
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	06	01	TO	97	06	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (46-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (58-65)	AVERAGE (46-57)	MAXIMUM (54-61)			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	no discharge	no discharge	(19) MG/L	001/BA	GR	
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MG/L	100 DAILY MX	MG/L	ONCE/BATCH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	no discharge	no discharge	(03) MGD	*****	*****	*****	*****	OWN/DS	ES	
PERMIT REQUIREMENT	0.015 MG AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****	WHEN ESTIMATED	DISCH	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.S. GODDARD
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 5 months and 5 years.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 508 830-8100
 DATE: 97 07 12
 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