

PILGRIM NUCLEAR POWER STATION  
RFD #1 ROCKY HILL ROAD  
PLYMOUTH, MASSACHUSETTS 02360

PILGRIM I DISCHARGE PERMIT REPORT

In accordance with the Federal Water Pollution Control Act, as amended (33USC 1251 Et. Seg: the "ACT"), and the Massachusetts Clean Waters Act, as amended (M.G.L., C21, as 26-53), concerning effluent limitations, monitoring requirements, and other conditions set forth in the Pilgrim I Discharge Permits (Federal Permit Number MA0003557, and State Permit Number 359), Parts I, II, and III, the following information is submitted:

I. Discharge Points Covered in this Report

<u>Discharge Point</u>	<u>Discharge Identification</u>
001	Condenser and Service Cooling Water
001A	Radwaste System Effluents
001B	Non-Radioactive Makeup System and Demineralizer Effluents
002	Condenser Backwash and Slime Control
003A	Intake Screen Wash

II. Summary and Notes of Discharge Report

- A. The pH for Intake Screen Wash (Discharge Point 003A) and the Condenser Backwash (Discharge Point 002 1) was not measured.
- B. The Total Residual Chlorine for Condenser Backwash, Discharge Point 002 1, was not measured.
- C. The flow point 001 is calculated from system pump capacity and is equal to the total flow for all pumps in the system running at full capacity for a 24-hour period. The flow at point 001A is metered and the volume for each discharge is recorded. The flow at point 001B 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.
- D. The temperature at points 001 and 002 are measured by resistance temperature directors (RTD's).
- E. The Reactor was shut down on the following dates: April 2-3, 1983; June 11-15, 1983; June 27-20, 1983.

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

ATTN: R.D. MICHON, MANAGER

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

Form Approved  
OMB No. 2000-0015

F - FINAL LIMITS  
RADWASTE SYSTEM EFFLUENT

MA0003557

001 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	04	01	83	04	30
(12-11)	(12-11)	(12-11)	(12-11)	(12-11)	(12-11)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (54-61)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	251	499		*****	*****	*****	*****	0		
00056 1 0	PERMIT REQUIREMENT	20000	100000	GPD	*****	*****	*****	*****		ONCE/	ESTIMA
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX							DISCHG	
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8.4		0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	5.8	*****	8.5	SU		SEE	
EFFLUENT GROSS VALUE					MINIMUM		MAXIMUM			PERMIT	
	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

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.)

*Charles J. Math*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900 83 7 26  
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

LOCATION

ATTN: R.D. MICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

001 A

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS

RADWASTE SYSTEM EFFLUENT


Form Approved

OMB No. 2000-0015

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	05	01	TO	83	05	31	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	252	500		*****	*****	*****	*****	0		
00056 1 0 EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	20000 A AVG	100000 DAILY MX	GPD	*****	*****	*****	*****		ONCE/	ESTIMA
	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.4		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	8.5 MAXIMUM	SU		SEE	PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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PLANT MANAGER			617 746-7900	83	7	26
TYPED OR PRINTED	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

LOCATION

ATTN: R.D. MICHON, MANAGER

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

(2-16)

MA0003557

PERMIT NUMBER

(17-19)

001 A

DISCHARGE NUMBER

F - FINAL LIMITS  
RADWASTE SYSTEM EFFLUENT

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	06	01	83	06	30
(12-21)	(12-21)	(12-25)	(12-27)	(12-29)	(12-31)

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			
FLOW RATE											
00056 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	148	486	GPD	*****	*****	*****	*****	0		
PH	SAMPLE MEASUREMENT	20000	100000		*****	*****	*****	*****			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300A AVG	DAILY MX		*****	*****	*****	*****			ONCE/ ESTIMA DISCHG
	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8.3	*****	0		
	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	8.5 MAXIMUM	SU			SEE PERMIT
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER

TYPED OR PRINTED

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*Charles J. Math*  
SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

517 746-7900 83 7 26  
AREA CODE NUMBER YEAR MO DAY



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

ATTN: P.D. MICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

MA0003557

PERMIT NUMBER

(17-19)

001 B

DISCHARGE NUMBER

F - FINAL LIMITS

NON - RADIOACTIVE SYSTEM

Form Approved

OMB No. 2000-0015

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
83	04	01		83	04	30
(12-31)	(12-31)	(12-31)		(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE					*****	*****	*****	*****			
00056 1 0	SAMPLE MEASUREMENT	3,501	13,527	OPD	*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15000	60000		*****	*****	*****	*****		ONCE/	ESTIMA
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		DISCHG	
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6.1	*****	8.4	*****	0		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	8.5	SU		SEE	
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM			PERMIT	
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.75	10.4		0		
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L		ONCE/ GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT					WKLY AV	DAILY MX			DISCHG	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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PLANT MANAGER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED			617	1746-9900	83	7	26

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

LOCATION

ATTN: R.D. MICHON, MANAGER

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

(2-16)

(17-19)

MA0003557

001 B

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS  
NON - RADIOACTIVE SYSTEM

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	83	05	01		83	05	31
	(28-31)	(22-31)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 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			
FLOW RATE	SAMPLE MEASUREMENT	2,222	15,030		*****	*****	*****	*****	0		
00056 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15000 30DA AVG	60000 DAILY MX	GPD	*****	*****	*****	*****		ONCE/	ESTIMA
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	8.4		0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	6.5 MAXIMUM	SU		SEE PERMIT	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.5	16.0		0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 WKLY AV	100 DAILY MX	MG/L		ONCE/ GRAB DISCHG	
	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

PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900

83 7 26

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

LOCATION

ATTN: R.D. MICHON, MANAGER

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

MA0003557

PERMIT NUMBER

001 B

DISCHARGE NUMBER

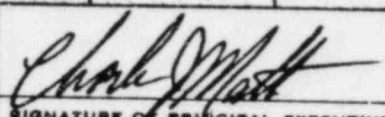
F - FINAL LIMITS  
NON - RADIOACTIVE SYSTEM

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	06	01	83	06	30
(28-29)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (58-65) QUALITY OR CONCENTRATION (66-73)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE											
00056 1 0	SAMPLE MEASUREMENT	2,676	15,030		*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15000	50000	GPD	*****	*****	*****	*****			
PH											ONCE/ ESTIMA DISCHG
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.5	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	8.5 MAXIMUM	SU			SEE PERMIT
SOLIDS, TOTAL SUSPENDED											
00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	15.6	58.4	30 MG/L	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	WKL Y AV	100 DAILY MX				ONCE GRAB DISCHG
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	DATE			
PLANT MANAGER			617 746-7200	83	7	26	
TYPED OR PRINTED			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  
 LOCATION

ATTN: R.D. NICHON, MANAGER

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

F - FINAL LIMITS  
 COOLING WATERS

Form Approved  
 OMB No. 2000-0015

(2-16)  
 MA0003557

(17-19)  
 001 1

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 83 MO 04 DAY 01 TO YEAR 83 MO 04 DAY 30  
 (12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	64.9	72.9	68.1	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 30050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	462	MGD	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	300 DA AVG	DAILY MX		*****	*****	*****		CONTINUOUS	CONTINUOUS
	SAMPLE MEASUREMENT	*****	*****	*****	10.00	10.00	0.035	0	ONCE/GRAB	2 DISCHG
	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE  
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900

83 7 21

AREA  
CODE

NUMBER

YEAR

MO

DAY

ONCE/GRAB DISCHG



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

ATTN: R.D. MICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

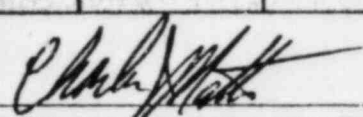
F - FINAL LIMITS  
COOLING WATERS

Form Approved  
UMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	06	01	83	06	30
(12-31)	(12-31)	(12-31)	(12-31)	(12-31)	(12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	75.9	83.4	43.4	DEG.F	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	102 INST MX		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT		462	MGD	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	310.0 30DA AVG	*****	DAILY MX	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
	SAMPLE MEASUREMENT	*****	*****	*****	20.001	20.001	20.001	MG/L	0		
	PERMIT REQUIREMENT	*****	*****	*****	20.001	*****	*****	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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
PLANT MANAGER			617 746-7900	83	7	26	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

PHOSPHATE EXTRACTANT OF MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER.

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

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

AQUIFERY

LOCATION

TN: R.D. NICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

001 1

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS

COOLING WATERS

Form Approved

OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	05	01	83	05	31
(20-21)	(22-23)	(24-31)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(1 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
TEMPERATURE, WATER EG. FAHRENHEIT 0011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	65.6	75	83.3		0	
EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT 0050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX	DEG.F		CONTINCONTIN UOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL ESIDUAL 0060 1 0	SAMPLE MEASUREMENT		462	MGD	*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	510.0 30DA AVG	***** DAILY MX	*****	*****	*****	*****	*****		CONTINCONTIN UOUS
	SAMPLE MEASUREMENT	*****	*****	*****	10.001	10.001	10.001		0	
	PERMIT REQUIREMENT	*****	*****	*****	.1 DAILY MN	*****	.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

PLANT MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900 83 7 26

AREA  
CODE

NUMBER

YEAR

MO

DAY

PHOSPHATE NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM 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

ATTN: R.D. MICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)  
MA0003557

PERMIT NUMBER

(17-19)  
002 1

DISCHARGE NUMBER

F - FINAL LIMITS  
CONDENSER BACKWASH

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD							
YEAR		MO		DAY			
FROM	83	04	01	TO	83	04	30
	(10-21)	(12-23)	(14-24)		(16-27)	(18-29)	(10-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	58.7	65.6	76.9	0		
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	120	DEG.F	CONTINCONTIN UOUS
00056 1 0	SAMPLE MEASUREMENT	*****	223	*****	*****	*****	*****	*****		
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	30DA AVG	DAILY MX	255 GPD	*****	*****	*****	*****		ONCE/ ESTIMA DISCHG
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****		
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	8.5	SU	SEE PERMIT
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	1	MG/L	ONCE/ GRAB=2 DISCHG
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7400 83 7 22

AREA  
CODE

NUMBER

YEAR

MO

DAY

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



NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

### EASILY

### LOCATION

ATTN: R.D. MICHON, MANAGER

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

(2-16)

117.191

MA0003557

002 1

PERMIT NUMBER

DISCHARGE NUMBER

**MONITORING PERIOD**

FROM		YEAR		MO		DAY		TO		YEAR		MO		DAY	
		83		05		01				83		05		31	
		(26-27)		(22-23)		(24-25)				(26-27)		(28-29)		(30-31)	

120-21, 122-23, 124-25,

[illegible]

F - FINAL LIMITS  
CONDENSER BACKWASH

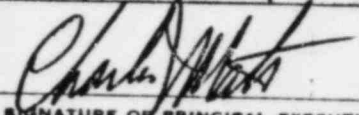
Form Approved  
OMB No. 2000-0015

**NOTE: Read instructions before completing this form.**

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NOTE: Read instructions before completing this form.		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
									(62-63)	(64-65)	(66-70)
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	68.7	74.4	81.1		0		
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120	DEG.F		CONTIN	CONTI
00056 1 0	SAMPLE MEASUREMENT		223		*****	*****	*****	*****			
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	255	GPD	*****	*****	*****	*****		ONCE/	ESTIMA
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		DISCHG	
EFFLUENT GROSS VALUE CHLORINE, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	8.5	SU		SEE	PERMIT
RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/	GRAB-
	SAMPLE MEASUREMENT									DISCHG	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
PLANT MANAGER  
TYPED OR PRINTED

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
617 746-7900

DATE  
83 7 26

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

LOCATION

ATTN: R.D. NICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS  
CONDENSER BACKWASH

Form Approved  
OMB No. 2000-0015

(2-16)  
MA0003557  
PERMIT NUMBER

(17-19)  
002 1  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM YEAR 83 MO 06 DAY 01 TO YEAR 83 MO 06 DAY 30  
(10-21) (12-23) (14-25) (16-17) (18-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	79.3	80.1	87.8	0		
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	120	CONTINUOUS	CONTINUOUS
00056 1 0	SAMPLE MEASUREMENT	*****	223	*****	*****	*****	*****	*****		
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	30DA AVG	DAILY MX	GPD	*****	*****	*****	*****	ONCE/	ESTIM.
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	NOT MEASURED	NOT MEASURED	NOT MEASURED	*****	SEE	PERMIT
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8.5	SU		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****		
	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	NOT MEASURED	NOT MEASURED	*****	ONCE/	GRAB-
	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	MG/L	DISCHG	
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900 83 7 26  
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

LOCATION

ATTN: R.D. MICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

003 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 83 MO 04 DAY 01 TO YEAR 83 MO 04 DAY 30  
(12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

F - FINAL LIMITS  
INTAKE SCREEN WASH

Form Approved  
OMB No. 2000-0015

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	39.7	43.2	51.5	0		
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		CONTINCONTIN UOUS
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT		720,000	MGD	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX							CONTINCONTIN UOUS
	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

PLANT MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900

83 7 26

NUMBER

YEAR MO DAY

THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE 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

ATTN: R.D. MICHON, MANAGER

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

(2-16)

(17-19)

MA0003587

003 A

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS  
INTAKE SCREEN WASH

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD

FROM YEAR 83 MO 05 DAY 01 TO YEAR 83 MO 05 DAY 31  
(10-11) (12-13) (14-15) (16-17) (18-19) (20-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	41.2	46.7	58		0	
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		CONTINCONTIN UOUS
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT		720,000		6.8 MINIMUM	8.5 MAXIMUM	8.5	SU		SEE PERMIT
50050 1 0	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINCONTIN UOUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	30DA AVG	DAILY MX							
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
PLANT MANAGER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	617 746-7900	83	7	26
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE 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  
TIN: R.D. MICHON, MANAGER

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

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

F - FINAL LIMITS  
INTAKE SCREEN WASH

Form Approved  
OMB No. 2000-0015

MONITORING PERIOD  
FROM YEAR 83 MO 06 DAY 01 TO YEAR 83 MO 06 DAY 30  
(10-11) (12-13) (14-15) (16-17) (18-19) (20-21)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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	SAMPLE MEASUREMENT	*****	*****	*****	48.9	59.1	74.3	DEG.F	0	CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****			
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.8 MINIMUM	*****	8.5 MAXIMUM	SU		SEE PERMIT	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT		720,000	MGD	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
50050 1 0	PERMIT REQUIREMENT	30DA AVG	DAILY MX		*****	*****	*****	*****			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

PLANT MANAGER

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746-7900 83 7 26

AREA CODE NUMBER YEAR MO DAY

THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE INTAKE WATER.



PILGRIM NUCLEAR POWER STATION  
RFD #1 ROCKY HILL ROAD  
PLYMOUTH, MASSACHUSETTS 02360

*Lamas*

July 26, 1983

United States Environmental Protection Agency  
Water Management Division - Room 2103  
John F. Kennedy Building  
Boston, Massachusetts 02203

Attention: Permit Compliance Section

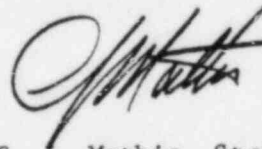
Mr. T. C. McMahon, Director  
Massachusetts Water Resources Commission  
Division of Water Resources Commission  
Division of Water Pollution Control  
Leverett Saltonstall Building  
Boston, Massachusetts 02202

Gentlemen:

Enclosed is the Discharge Monitoring Report for Pilgrim Nuclear Power Station, Permit Number 0003557 (Federal), and Number 359 (State).

The period covered by this report is April 1, 1983 to June 30, 1983.

Very truly yours,



C. J. Mathis, Station Manager  
Nuclear Operations Department

CJM/tmt

attachment - Discharge Monitoring Report

cc: J. M. Ballentine  
A. V. Morisi  
C. J. Mathis  
S. Stowe  
F. Lee  
T. Sowdon (w/attachments)  
P. D. Smith (w/attachments)  
B. Anderson (w/attachments)  
Document Control Center (w/attachments)  
Boston Edison Reading Room (w/attachments)  
Mr. James Allen, USNRC (w/attachments)  
✓ Mr. Darrell G. Eisenhut, USNRC (W/attachments)

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