

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

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

FACILITY
LOCATION

ATTN: P.D. HICHL, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557
PERMIT NUMBER

003 A
DISCHARGE NUMBER

F - FINAL LIMITS
INTAKE SCREEN WASH

Form Approved
OMB No. 2000-0015

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	01	01	TO	83	01	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) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	33.7	40.4	45.1	DEG.F	0		
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		CONTIN	CONTIN
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	SU	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	6.8 MINIMUM	*****	8.5 MAXIMUM	SU		SEE PERMIT	
50050 1 0	SAMPLE MEASUREMENT		720,000		*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTIN	CONTIN
		30DA AVG	DAILY MX							UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

8305230537 830512
PDR ADDCK 05000293
PDR

E/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 7500 83 05 13
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

RED #1

PLYMOUTH MA 02360

FACILITY

LOCATION

ATTN: R.D. HICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MA0003557

PERMIT NUMBER

003 A

DISCHARGE NUMBER

F - FINAL LIMITS

INTAKE SCREEN WASH

Form Approved
OMB No. 2000-0015

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
83	02	01		83	02	28
(12-21)	(12-21)	(12-25)		(12-27)	(12-29)	(13-31)

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	*****	*****	*****	34.2	37.4	44.0	DEG.F	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			CONTINUOUS	
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	8.5 SU	0	SEE PERMIT	
FLOW, IN CONDUIT OF THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****			
50050 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX	MGD	*****	*****	*****	*****			
	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 TYPED OR PRINTED		Charles Matt	617 746 7400	83	05	13

COMMENT AND EXPLANATION OF ANY VARIATIONS (Circle if will not apply) NO TIME EXCEED THE TEMPERATURE OF THE INTAKE WATER.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2000-0015

NAME BOSTON RD #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: R.D. HICHON, MANAGER

DISCHARGE MONITORING REPORT (DMR)

F - FINAL LIMITS
INTAKE SCREEN WASH

MA0003557

003 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
83	03	01	83	03	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 (48-55)			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	*****	*****	*****	38.3	41.3	49.3			
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DEG.F		CONTINUOUS
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	SU		SEE PERMIT
50050 1 0	SAMPLE MEASUREMENT		720,000							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		CONTINUOUS
	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	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			617 7467900	83	05	13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

THE TEMPERATURE OF ANY 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. NICHON, 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

FROM

YEAR	MO	DAY
83	01	01

 TO

YEAR	MO	DAY
83	01	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	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	867	499	GPD	*****	*****	*****	*****	0		
00056 1 0 EFFLUENT GROSS VALUE FH	PERMIT REQUIREMENT	20000 300A AVG	100000 DAILY MX		*****	*****	*****	*****		ONCE/	ESTIMA DISCHG
	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	8.3		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										

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 Math

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

617 746 7400

DATE

83 5 13

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

RD #1

FLYMOOTH

MA 02360

FACILITY

LOCATION

ATTN: E.D. NICHOL, 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

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	83	02	01		83	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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 (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	SAMPLE MEASUREMENT	439	481						0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	20000	100000	GPD	*****	*****	*****	*****		ONCE/ ESTIMA	
PH	SAMPLE MEASUREMENT	*****	*****	*****						DISCHG	
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	8.0		8.5		0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8	*****	8.5	SU		SEE	
					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	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 TYPED OR PRINTED		<i>Charles H. Hatt</i>	617 746 7900	88	5	13

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. NICHOL, 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	TO	YEAR	MO	DAY
83	03	01		83	03	31
(20-21)	(27-29)	(24-25)		(27-29)	(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) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	SAMPLE MEASUREMENT	439450	481499		*****	*****	*****	*****		
00056 1 0	PERMIT REQUIREMENT	20000	100000	GPD	*****	*****	*****	*****	ONCE/	ESTIMA
EFFLUENT GROSS VALUE		30DA AVG	DAILY MX						DISCHG	
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2-8.5	*****	8.5-8.5	0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	3.8	*****	8.5	0	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 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

617 746 7900

83 15 13

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 RD #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)

(2-16)

(17-19)

MA0003557

001 B

PERMIT NUMBER

DISCHARGE NUMBER

F - FINAL LIMITS

NOM - RADIOACTIVE SYSTEM


Form Approved
OMB No. 2000-0015

MONITORING PERIOD

FROM YEAR 83 MO 01 DAY 01 TO YEAR 83 MO 01 DAY 31
(12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)			
FLOW RATE	SAMPLE MEASUREMENT	4,883	15,197		*****	*****	*****	*****	0	
00056 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	15000 30DA AVG	60000 DAILY MX	GPD	*****	*****	*****	*****		ONCE/ ESTIMA DISCHG
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	8.0		0	
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	8.5 MAXIMUM	SU		SEE PERMIT
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	27.4		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									

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 TYPED OR PRINTED			617 746 7500	83	5	13

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 B
 DISCHARGE NUMBER

F - FINAL LIMITS
 NON - RADIOACTIVE SYSTEM

Form Approved
 OMB No. 2000-0015

MONITORING PERIOD
 FROM YEAR 83 MO 02 DAY 01 TO YEAR 83 MO 02 DAY 28
 (20-21) (22-24) (24-25) (27-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-40)	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)	UNITS (64-65)			
FLOW RATE 00056 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	7,163	16,199	GPD	*****	*****	*****	*****	0	ONCE/	ESTIMA
PH	PERMIT REQUIREMENT	30DA AVG	DAILY MX		*****	*****	*****	*****		DISCHG	
00400 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	8.3	*****	0		
SOLIDS, TOTAL SUSPENDED 00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	5.8 MINIMUM	*****	8.5 MAXIMUM	*****		SEE PERMIT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	19.55 WKLY AV	67.8 DAILY MX	*****	0	ONCE/	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		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.)

Charles Math

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

617 746 7500

AREA CODE NUMBER

DATE

83 05 13

YEAR MO DAY

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

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

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

Form Approved
OMB No. 2000-0015

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

(2-16) MA0003557
PERMIT NUMBER
(27-19) 001 B
DISCHARGE NUMBER

F - FINAL LIMITS
NON - RADIOACTIVE SYSTEM

FACILITY
LOCATION

MONITORING PERIOD
FROM YEAR 83 MO 03 DAY 01 TO YEAR 83 MO 03 DAY 31
(12-31) (12-31) (12-31) (12-31) (12-31) (12-31)

ATTN: R.D. NICHOL, MANAGER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	<u>2,618</u>	<u>12,692</u>		*****	*****	*****	*****	<u>0</u>		
00056 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	<u>15000</u>	<u>60000</u>	<u>GPD</u>	*****	*****	*****	*****		<u>ONCE/ ESTIMA</u>	
PH	SAMPLE MEASUREMENT	*****	*****	*****	<u>6.4</u>	*****	<u>8.3</u>		<u>0</u>		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	<u>5.8</u>	*****	<u>8.5</u>	<u>SU</u>		<u>SEE</u>	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	MINIMUM		MAXIMUM			<u>PERMIT</u>	
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	<u>30</u>	<u>100</u>	<u>MG/L</u>	<u>0</u>	<u>ONCE/ GRAB</u>	
	SAMPLE MEASUREMENT					<u>WKLY AV</u>	<u>DAILY MX</u>			<u>DISCHG</u>	
	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 SIGNED 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 16 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

Plant Manager

TYPED OR PRINTED

617 | 746 7400 | 83 | 5 | 13
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)

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

Form Approved
OMB No. 2000-0015

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

MA0003557
PERMIT NUMBER

001 1
DISCHARGE NUMBER

F - FINAL LIMITS
COOLING WATERS

FACILITY _____
LOCATION _____

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	83	01	01	TO	83	01	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) 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	*****	*****	*****	55.68	66.19	74.43	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX	DEG.F	CONTIN UOUS	CONTIN UOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	462	*****	*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	510.0 30DA AVG	***** DAILY MX	MGD	*****	*****	*****	*****	CONTIN UOUS	CONTIN UOUS
	SAMPLE MEASUREMENT	*****	*****	*****	20.001		20.001	0		
	PERMIT REQUIREMENT	*****	*****	*****	.1 DAILY MN	*****	.1 DAILY MX	MG/L	ONCE/ DISCHG	GRAB-2
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 \$20,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 7467900
AREA
CODE NUMBER

83 05 13
YEAR MO DAY

PERMIT AND EXPLANATION OF ANY VARIATIONS (Reference to units and 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. NICHON, MANAGER

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

F - FINAL LIMITS
 COOLING WATERS

Form Approved
 OMB No. 2000-0015

MA0003557
 PERMIT NUMBER

001 1
 DISCHARGE NUMBER

MONITORING PERIOD							
FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY		
83	02	01	83	02	28		
(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) 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	*****	*****	*****	43.85	64.78	78.69		0	
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX			CONTINUOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	462	MGD	*****	*****	*****		0	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	30DA AVG	DAILY MX		*****	*****	*****			CONTINUOUS
	SAMPLE MEASUREMENT	*****	*****	*****	20.001		20.001		0	
	PERMIT REQUIREMENT	*****	*****	*****	.1 DAILY MN	*****	.1 DAILY MX			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

Charles 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 02 13
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (If none, enter "NO VIOLATIONS")

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)

(2-16) MA0003557 (17-19) 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	03	01	83	03	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(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 (46-53)	MAXIMUM (54-57)	UNITS (58-61)	MINIMUM (54-57)	AVERAGE (58-61)	MAXIMUM (62-65)	UNITS (66-69)			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		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 33 USC 2101 AND 33 USC 2119. (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 7467400 83 03 13
 AREA CODE NUMBER YEAR MO DAY

EXPLANATION OF ANY VIOLATIONS (Reference to applicable regulations and standards)

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

NAME BOSTON ED #1 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RD #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	01	01	TO	83	01	31	
	(12-21)	(12-23)	(12-25)		(12-27)	(12-29)	(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	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****		59.21	72.24		0		
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120	DEG.F		CONTINUOUS	CONTINUOUS
00056 1 0	SAMPLE MEASUREMENT		223		*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	255	GPD	*****	*****	*****	*****		ONCE/ESTIMATE	DISCHG
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		SEE PERMIT	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0		
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		ONCE/GRAB-2	DISCHG
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	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 05 13

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

REF #1

PLYMOUTH MA 02360

FACILITY

LOCATION

ATTN: R.D. TICHON, MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

MA0003557

PERMIT NUMBER

(17-18)

002 1

DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

Form Approved
OMB No. 2000-0015

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
83	02	01	83	02	28
(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) 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	*****	*****	*****		66.32	70.6	120 DEG.F	0	CONTINUOUS	CONTINUOUS
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	*****			
00056 1 0	SAMPLE MEASUREMENT	*****	223	255 GPD	*****	*****	*****	*****	0	ONCE/ESTIMATE	DISCHG
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	30DA AVG	DAILY MX	*****	*****	*****	*****			
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	6.8	8.5	SU	0	SEE PERMIT	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	MAXIMUM	*****			
CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****	0	ONCE/GRAB=2	DISCHG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	DAILY MX	*****			
	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
AREA CODE

746 7900
NUMBER

83 5 13
YEAR MO DAY

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

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

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

Form Approved
OMB No. 2000-0015

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

MA0003557
PERMIT NUMBER

002 1
DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
83	03	01	TO	83	03	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) 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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****		59.06	66.98			
EFFLUENT GROSS VALUE FLOW RATE	PERMIT REQUIREMENT	*****	*****	*****	DAILY MN	*****	120 DAILY MX			CONTINUOUS
00056 1 0	SAMPLE MEASUREMENT		223		*****	*****	*****	*****		
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	30DA AVG	250 GPD DAILY MX	*****	*****	*****	*****		ONCE/ ESTIMATE DISCHG
00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****		
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	*****	*****	*****	6.8 MINIMUM	*****	8.5 MAXIMUM	SU		SEE PERMIT
50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NOT MEASURED	*****	*****	*****		
EFFLUENT GROSS VALUE	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									

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 TYPED OR PRINTED		<i>Charles J. Martin</i>	617 746 7400	83 05 13

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