



BOSTON EDISON

Pilgrim Nuclear Power Station
Rocky Hill Road
Plymouth, Massachusetts 02360

W. C. Rothert
General Manager Technical

May 17, 1995
BEC 5.95.032

NPDES Program Operations Section (WCP)
Environmental Protection Agency
P.O. Box 8127
Boston, MA 02114


Massachusetts Division of Water Pollution Control
Lakeville Hospital
Lakeville, MA 02346

Discharge Monitoring Report

Dear Sirs:

Enclosed is the Discharge Monitoring Report for Pilgrim Nuclear Power Station (PNPS), NPDES Permit Number MA0003557 (Federal) and Number 359 (State).

The period covered by this report is April, 1995.


W. C. Rothert

RDA/lam/RAP/DMR

Attachments: 1. Summary
2. Discharge Monitoring Report

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

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

Senior NRC Resident Inspector
Pilgrim Nuclear Power Station

9505240439 950430
PDR ADDCK 05000293
R PDR

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11

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 April, 1995.

I. Discharge Points Covered in this Report

| <u>Discharge Point</u> | <u>Discharge Identification</u> |
|------------------------|--|
| 001 | Condenser Cooling Water |
| 002 | Thermal Backwash for Biofouling Control |
| 003 | Intake Screen Wash |
| 004, 005, 006, and 007 | Yard Drains (April and September) |
| 008 | Sea Foam Suppression |
| 010 | Service Cooling Water |
| 011 | Makeup Water and Demineralizer Waste Discharge |

II. Summary and Notes of Discharge Report

- A. The flow at points 001 and 010 are calculated from system pump capacity and are equal to the total for all pumps in each system running at full capacity for a 24-hour period. The flow at 011 is measured by noting sump levels before and after discharge. Flow at point 002 is a conservative figure obtained by calculating flow if backwashing took place for 24 hours. Flow at points 003 and 008 are calculated from system pump capacity and mean operating time.
- B. The temperatures at points 001 and 002 are measured by resistance temperature detectors (RTD's).
- C. Periodically, total residual chlorine (TRC) concentration in the service cooling water (010) exceeds Permit requirements (0.50 ppm daily average TRC and 1.00 ppm daily maximum TRC) prior to mixing with any other stream, primarily because of the number of service water pumps in operation. Chlorine injection levels are lowered as a corrective measure. The dilution provided by the PNPS circulating water flow keeps total residual chlorine concentrations discharged to Cape Cod Bay below the NPDES Permit limit of 0.1 ppm.
- D. For stormwater outfalls 004, 005, 006 and 007, Sigma 800 SL Portable Composite Samplers are utilized. The samplers are equipped with a "liquid level activator" that commences the sampling when the liquid reaches a predetermined level. This assures a sample is taken "within the first hour of the start of a significant storm event." The intake and collection assemblies of the samplers conform to U.S. EPA requirements for collecting oil and grease samples (USEPA letter to BECo dated 1/7/92). No additional inputs to these stormwater outfalls occur downstream of the composite samplers' sampling locations.

- E. Intake traveling water screens were operated with dechlorination pumps operating at all times.
- F. No sawdust was applied to seek and seal PNPS condenser leaks in April.
- G. The following boron and sodium nitrite discharges (ppm) occurred in April 1995 from discharge point #001. All discharges were below NPDES Permit limits prior to entering Cape Cod Bay.

| <u>Date Discharged</u> | <u>Gallons Discharged</u> | <u>Concentration Before Discharge</u> | <u>Concentration Discharged</u> |
|------------------------|---------------------------|---------------------------------------|---------------------------------|
| Boron | | | |
| 4/3/95 | 11,189 | <1.0 | <0.0013 |
| 4/7/95 | 10,020 | <1.0 | <0.0013 |
| 4/21/95 | 13,861 | <1.0 | <0.0013 |
| 4/29/95 | 13,694 | <1.0 | <0.0013 |

Sodium Nitrite

| | | | |
|---------|--------|-----|--------|
| 4/3/95 | 11,189 | 225 | 0.2903 |
| 4/7/95 | 10,020 | 300 | 0.3871 |
| 4/21/95 | 13,861 | 555 | 0.7161 |
| 4/29/95 | 13,694 | 300 | 0.3871 |

- H. On April 3, 1995 the USEPA approved a discharge with a pH below the allowable NPDES Permit limit (6.1) from the PNPS demineralizer waste discharge point (011)(BECO Telecon 4.95.004). The pH in the waste tank was approximately 5.5 but its discharge to Cape Cod Bay, with one circulating water pump dilution, was expected to have no adverse environmental impact.
- I. April 1995 yard drain monitoring showed pH values of 5.9 at yard drain #005 and 5.2 at yard drain #006 which are below the lower NPDES Permit Limit of 6.0. This may be attributable to a low natural rainwater pH of 4.4 at that time.
- J. The suspended solids exceeded the NPDES Permit monthly average limit (30 ppm) from the PNPS demineralizer waste discharge point (011) on three separate occasions in April 1995, resulting in a final monthly average value of 53.2 ppm. This was a result of adding caustic to neutralize the pH value within Permit limits; however, the suspended solids never exceeded the Permit allowable daily maximum of 100 ppm.

ATTACHMENT 2 TO BECo LETTER 5.95.032

DISCHARGE MONITORING REPORT

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)
MAD0003557
PERMIT NUMBER
001 1
DISCHARGE NUMBER

MAJOR (SUBR S) Form Approved.
F - FINAL OMB No. 2040-0004
CONDENSER COOLING WATER Approval expires 10-21-94

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
95 04 01 95 04 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

ATTN: T.A. SULLIVAN, PLANT MANAGER

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

| PARAMETER (32-37) | | (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 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 51.7 | (15) | | RC |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 102 | OF | | CONTINRCORDR |
| OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | No Discharge | | (19) | | GR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.1 | 0.1 | MG/L | | WHEN GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 | SAMPLE MEASUREMENT | 65.6 | 223.2 | (03) | ***** | MO AVG | DAILY MX | MG/L | | DISCHR |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | 447.0 | 510.0 | MED | ***** | ***** | ***** | **** | | CONTINESTIMA |
| TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | 6.5 | (15) | | CA |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | 32 | OF | | CONTINCALCTD |
| | | | | **** | | DAILY MX | DEG.F | | | UOUS |
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| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T.A. SULLIVAN
PLANT MANAGER
TYPED OR PRINTED
I CERTIFY UNDER PENALTY OF LAW THAT I PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN. NO USE 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
WJ Ryper JAS
TELEPHONE
508 747-8100
DATE
95 5 11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PH SHALL NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER. SEE PERMIT PAGE 5 PARAGRAPHS M&N FOR BORON AND SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM. A BARRIER SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.
EPA Form 3320-1 (Rev. 9-88) Previous editions may be used. (REPLACES EPA FORM 3320 WHICH MAY NOT BE USED.)

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

NAME ROSTON ED 41 PILGRIM PLANT
 ADDRESS ROCKY HILL ROAD
RED #1
PLYMOUTH MA 02360
 FACILITY
 LOCATION

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

(2-16) MA0003557
 PERMIT NUMBER
 (17-19) 002 1
 DISCHARGE NUMBER

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

| MONITORING PERIOD | | | | | | |
|-------------------|---------|---------|----|---------|---------|---------|
| YEAR | MO | DAY | TO | YEAR | MO | DAY |
| 95 | 04 | 01 | | 95 | 04 | 30 |
| (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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

*** NO DISCHARGE ☒ ***
 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 | SAMPLE MEASUREMENT | ***** | ***** | | ***** | ***** | ***** | | | | |
| 53. FAHRENHEIT | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
| 0011 1 0 0 | | | | | | | | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
| FLOW, IN CONDUIT OR | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
| THRU TREATMENT PLANT | | | | | | | | | | | |
| 0050 1 0 0 | | | | | | | | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | ***** | ***** | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
T. A. SULLIVAN
PLANT MANAGER
 TYPED OR PRINTED

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

W. J. [Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE 508 747-8100 DATE 95 5 11
 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 ESTI
 MATED AS IF BACKFLUSHING TOOK PLACE FOR 24 CONTINUOUS HOURS. SEE PERMIT PAGE 8 FOR CONDITIONS REGARDING TH

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

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

FACILITY
 LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

INTAKE SCREEN WASH Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR 95 MO 04 DAY 01 TO YEAR 95 MO 04 DAY 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) | | (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 IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 1 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.021 | 0.084 | (03) MGD | ***** | ***** | ***** | | | 01/01 | ES |
| | PERMIT REQUIREMENT | 4.1 MO AVG | 4.1 DAILY MX | MGD | ***** | ***** | ***** | **** | | DAILY | ESTIMA |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
PLANT MANAGER

TYPED OR PRINTED

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

W. J. [Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 747-8100

95 5 11
 YEAR MO DAY

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

THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE INTAKE WATER.
 ALL FISH SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON INTAKE SCREEN SHOULD BE RETURNED TO WATER
 AT A 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
RED #1
PLYMOUTH MA 02360
FACILITY
LOCATION

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

(2-16) MA0003557
PERMIT NUMBER
(17-19) 004 A
DISCHARGE NUMBER

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

MONITORING PERIOD
FROM YEAR 95 MO 04 DAY 01 TO YEAR 95 MO 04 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1 ***
NOTE: Read instructions before completing this form.

ATTN: T.A. SULLIVAN, PLANT MANAGER

| PARAMETER (32-37) | | (3 Card Only) (46-53) QUANTITY OR LOADING (54-61) | | | (4 Card Only) (38-45) 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 | | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 2.8 | 2.8 | (19) MG/L | 0 | 02/YR | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 1.9 | 1.9 | (19) MG/L | 0 | 02/YR | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | 15 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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|--|---|---|----------------------------------|---|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>T.A. SULLIVAN</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.) | <u>WJ Ruggie for T.A.S.</u> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE <u>508 747-8100</u> | DATE <u>95</u> <u>5</u> <u>11</u> YEAR MO DAY |
|--|---|---|----------------------------------|---|

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

PERMITTEE NAME/ADDRESS (Include

Facility Name/Location if different)

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RED #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

005 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR 95 MO 04 DAY 01

TO

YEAR 95 MO 04 DAY 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

YARD DRAINS Approval expires 10-31-94

*** NO DISCHARGE ☒ ***

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|---|-----------------------|---|---------|-------|--|--------------|-----------------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 6.9 | 6.9 | (19) MG/L | 0 | 02/YR GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | SEMI- GRAB ANNUAL |
| OIL AND GREASE FACON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 5.2 | 5.2 | (19) MG/L | 0 | 02/YR GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | 15 DAILY MX | MG/L | | SEMI- GRAB ANNUAL |
| | SAMPLE MEASUREMENT | | | | | | | | | |
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| | PERMIT REQUIREMENT | | | | | | | | | |

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T.A. SULLIVAN
PLANT MANAGER

TYPED OR PRINTED

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WJ Ryp for T.A.S.
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 747-8100

95 5 11

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 QUESTON RD #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RED #1

PLYMOUTH MA 02360

FACILITY _____

LOCATION _____

WITH: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

006 A

DISCHARGE NUMBER

MONITORING PERIOD

| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
|------|------|----|-----|----|------|----|-----|
| | 95 | 04 | 01 | | 95 | 04 | 30 |

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

MAJOR

(SUBR S) Form Approved.

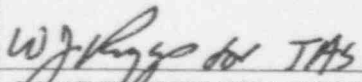
F - FINAL OMB No. 2040-0004

YARD DRAINS Approval expires 10-31-94

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) (46-53) QUANTITY OR LOADING | | | (4 Card Only) (38-45) QUALITY OR CONCENTRATION | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|--|---------|-------|---|--------------|-----------------|--------------|----------------------|--|---------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 2.0 | 2.0 | (19) MG/L | 0 | 02/YR | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| OIL AND GREASE FREON EXTR-GRAV METH 00556 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 4.0 | 4.0 | (19) MG/L | 0 | 02/YR | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | 15 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | 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 | | |
| T.A. SULLIVAN PLANT MANAGER TYPED OR PRINTED | | | 508 747-8100 | 95 | 5 | 11 |

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

2ED #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

YARD DRAINS Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
05 04 01 TO 95 04 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) | | (3 Card Only) (46-53) QUANTITY OR LOADING | | | (4 Card Only) (38-45) QUALITY OR CONCENTRATION | | | | NO. EX (52-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------|--------------------|--|---------|-------|---|-----------|--------------|-----------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SOLIDS, TOTAL SUSPENDED | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 8.6 | 8.6 | (19) MG/L | 0 | 02/YR | GR |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 3.6 | 3.6 | (19) MG/L | 0 | 02/YR | GR |
| OIL AND GREASE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | REPORT | 15 DAILY MX | MG/L | | SEMI-GRAB ANNUAL | |
| FREON EXTR-GRAV METH | SAMPLE MEASUREMENT | | | | | | | | | | |
| 00556 1 0 0 | PERMIT REQUIREMENT | | | | | | | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T. A. SULLIVAN
PLANT MANAGER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

W. Ryz... TAS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

508 747-8100

DATE

95 5 11

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
ED #1
PLYMOUTH MA 02350
FACILITY
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAC003557

PERMIT NUMBER

003 A

DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

SEA FOAM SUPPRESSION DISCHARGE

MONITORING PERIOD

| FROM | | | TO | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 95 | 04 | 01 | 95 | 04 | 30 |

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

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

ATTN: T.A. SULLIVAN, PLANT MANAGER

| PARAMETER (32-37) | | QUANTITY OR LOADING (3 Card Only) (46-53) | | | QUALITY OR CONCENTRATION (4 Card Only) (38-45) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|--------------------|---|----------|-------|--|---------|---------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | No Discharge | | | (03) | ***** | ***** | ***** | | 0 01/01 | ES |
| | PERMIT REQUIREMENT | 0.73 | 0.73 | MGD | ***** | ***** | ***** | ***** | | DAILY | ESTIMA |
| | | MO AVG | DAILY MX | MGD | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
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| | 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.) | TELEPHONE | DATE | | | |
| T.A. SULLIVAN PLANT MANAGER | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 508 747-8100 | 95 | 5 | 11 |
| 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
RED #1
PLYMOUTH MA 02360
FACILITY
LOCATION

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM

YEAR 95 MO 04 DAY 01

TO

YEAR 95 MO 04 DAY 30

(20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

PLANT SERVICE Approval expires 0-31-94 COOLING WATER

*** NO DISCHARGE ☒ ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | SAMPLE MEASUREMENT | (3 Card Only) (46-53) QUANTITY OR LOADING (54-61) | | | (4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|---|---------|-------|--|--------------|----------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| OXIDANTS, TOTAL RESIDUAL 34044 1 0 0 | | ***** | ***** | | ***** | No Discharge | | (19) | 0 | 99/99 | RC |
| EFFLUENT GROSS VALUE | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 0.5 | 1.0 | MG/L | | | CONTINRCORDR |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT | SAMPLE MEASUREMENT | 3.7 | ***** | (03) | ***** | MO AVG | DAILY MX | MG/L | | | |
| 50050 1 0 0 | PERMIT REQUIREMENT | 19.4 | ***** | MGD | ***** | ***** | ***** | ***** | | | CONTINESTIMA |
| EFFLUENT GROSS VALUE | | MO AVG | | MGD | | | | | | | UOUS |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| | | | | |
|---|---|---|----------------------------------|--------------------------------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>T. A. SULLIVAN</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.) | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <u>[Signature]</u> T.A.S. | TELEPHONE <u>508 747-8100</u> | DATE <u>95</u> <u>5</u> <u>11</u> |
|---|---|---|----------------------------------|--------------------------------------|

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.

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

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MAJOR

(SUBR S) Form Approved.

F - FINAL OMB No. 2040-0004

MAKE UP WATER AND MINERALIZE

| MONITORING PERIOD | | | | | | | |
|-------------------|---------|---------|---------|----|---------|---------|---------|
| FROM | YEAR | MO | DAY | TO | YEAR | MO | DAY |
| | 95 | 04 | 01 | | 95 | 04 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

ATTN: T.A. SULLIVAN, PLANT MANAGER

| PARAMETER (32-37) | | (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 | | | |
| SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | 53.2 | 86.0 | (19) | * 01/BA | GR |
| | PERMIT REQUIREMENT | ***** | ***** | **** | ***** | 30 MO AVG | 100 DAILY MX | MB/L | ONCE/ | GRAB |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | 0.00041 | 0.00046 | (03) | ***** | ***** | ***** | | 0 WH/DS | ES |
| | PERMIT REQUIREMENT | 0.015 MO AVG | 0.06 DAILY MX | MGD | ***** | ***** | ***** | **** | WHEN | ESTIMA DISCHR |
| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

T.A. SULLIVAN
PLANT MANAGER

TYPED OR PRINTED

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

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

TELEPHONE

DATE

508 747-8100 95 5 11
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

*SEE SUMMARY NOTES # II. J.