

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

CITY: BOSTON ED #1 PILGRIM PLANT

ADDRESS: ROCKY HILL ROAD

REF #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: E.S. KRAFT, PLANT MANAGER

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

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MAJOR

(SUBR S) OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

CONDENSER COOLING WATER

Form Approved.

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 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 0	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	75.3	(15) OF	0	99/99	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	102 DLY MAX	DEG.F			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.02	0.05	(19) MG/L	1*	01/05	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	0.1 MONTH AVG	0.1 DLY MAX	MG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	445.9	446.4	(03) MGD	*****	*****	*****	()	0	99/99	ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0 MONTH AVG	510.0 DLY MAX	MGD	*****	*****	*****	***			
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	30.4	(15) OF	0	99/99	CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	32 DLY MAX	DEG.F			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

E.S. KRAFT
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

508 747-8000

92 01 08

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

EPA Form 330-1 (Rev. 8-81) (Instructions may be used.)

(REPLACES EPA FORM 1-81 WHICH MAY NOT BE USED.)

00006/910628-1026

PAGE 1 OF

920115 9201220262 05000293
PDR ADDCK

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

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

(2-16)

(17-19)

HA0003557

PERMIT NUMBER

002 1

DISCHARGE NUMBER

MAJOR

Form Approved.

(SUBR S) OMB No. 2040-0004.

F = FINAL Approval expires 6-30-91.

THERMAL BACKWASH

MONITORING PERIOD

FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

ATTN: E.S. KRAFT, 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	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	*****	0	99/99	RC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****	0	WH/DS	ES
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	11.6	(03) MGD	*****	*****	*****	*****	0	WH/DS	ES
	PERMIT REQUIREMENT	*****	255.0 DAILY MAX	MGD	*****	*****	*****	*****	0	WH/DS	ES
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

E.S. KRAFT
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 THESE 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 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 747-8000

92 01 08

AREA
CODE

NUMBER

YEAR

MO

DAY

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

THE PH SHALL NOT VARY MORE THAN 0.5 STANDARD UNITS FROM THAT OF THE INTAKE WATER. FLOW RATE IS TO BE ESTIMATED AS IF BACKFLUSHING TOOK PLACE FOR 24 CONTINUOUS HOURS. SEE PERMIT PAGE 8 FOR CONDITIONS REGARDING TH

Facility Name/Address (include
Facility Name/Location if different)

NAME BOSTON 50 #1 PILGRIM PLANT
ADDRESS ROCKY HILL ROAD
RFD #1
PLYMOUTH MA 02360
FACILITY
LOCATION

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

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

MAJOR Form Approved.
(SUBR S) OMB No. 2040-0004.
F - FINAL Approval expires 6-30-91.
INTAKE SCREEN WASH

MONITORING PERIOD
FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

ATTN: E.S. KRAFT, 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	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<u>0.208</u>	<u>1.596</u>	<u>(03) MGD</u>	<u>*****</u>	<u>*****</u>	<u>*****</u>	<u>()</u>	<u>0</u>	<u>01/01</u>	<u>ES</u>
	PERMIT REQUIREMENT	<u>2.1</u> <u>MONTH AVG</u>	<u>2.1</u> <u>DAY MAX</u>	<u>MGD</u>	<u>*****</u>	<u>*****</u>	<u>*****</u>	<u>****</u>			<u>DAILY ESTIMA</u>
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

E.S. KRAFT
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

508 747-8000

92 01 08

AREA
CODE NUMBER YEAR MO DAY

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

THE TEMPERATURE OF THIS DISCHARGE SHALL AT NO TIME EXCEED THE TEMPERATURE OF THE INTAKE WATER.
ALL FISH SHELLFISH AND OTHER ORGANISMS COLLECTED OR TRAPPED ON INTAKE SCREEN SHOULD BE RETURNED TO WATER
SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

EPA Form 3606-1 (Rev. 8-88) Previous editions may be used.

REPLACES EPA FORM 1-66 WHICH MAY NOT BE USED.

00018/910628-1026

PAGE 1 OF

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

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

(2-16) MA0003557 (17-19) 010 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR Form Approved.
 (SUBR S) OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 PLANT SERVICE COOLING WATER

MONITORING PERIOD
 FROM YEAR 91 MO 12 DAY 01 TO YEAR 91 MO 12 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

ATTN: E.S. KRAFT, 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	UNIT	MINIMUM	AVERAGE	MAXIMUM			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.10	0.82	(19) MG/L	0 99/99	RC
EFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MNTH. AVG	1.0 DLY. MAX	MG/L	CONTINUOUS	UOUS
EFLUENT GROSS VALUE	SAMPLE MEASUREMENT	5.5	*****	(03) MGD	*****	*****	*****	()	0 99/99	ES
	PERMIT REQUIREMENT	19.4 MNTH. AVG	*****	MGD	*****	*****	*****	****	CONTINUOUS	UOUS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <u>E.S. KRAFT</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 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 <u>W.S. Clancy for ESK</u>	TELEPHONE 508 747-8000 AREA CODE NUMBER	DATE 92 01 08 YEAR MO DAY
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 CONTINUOUS CHLORINATION OF SERVICE WATER SYSTEM MAY BE USED FOR MACROINVERTEBRATE CONTROL. FLOW RATE SHALL BE ESTIMATED FROM PUMP CAPACITY CURVES AND OPERATIONAL HOURS.

Facility Name/Location (if different)

NAME BOSTON ED #1 PILGRIM PLANTADDRESS ROCKY HILL ROADRFD #1PLYMOUTH MA 02360

FACILITY

LOCATION

ATTN: E.S. KRAFT, PLANT MANAGER

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MAQQ03557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
91	12	01	91	12	31

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

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

MAJOR Form Approved.

(SUBR S) OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

MAKE UP WATER AND DEMINERALIZE

*** 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			
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	()	*****	1.55	3.43	(19) MG/L	0	01/BA	GR
SUSPENDED	PERMIT REQUIREMENT	*****	*****	***	*****	30	100	MG/L		ONCE/	GRAB
00530 1 0 0						MONTH AVG	DAY MAX			BATCH	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.00040	0.00042	(03) MGD	*****	*****	*****	()	0	WH/DS	ES
FLOW, IN CONDUIT OR	PERMIT REQUIREMENT	0.015	0.06	MGD	*****	*****	*****	****		WHEN ESTIMA	
THRU TREATMENT PLANT		MONTH AVG	DAY MAX	MGD				****		DISCH	
50050 1 0 0	SAMPLE MEASUREMENT										
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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			
E.S. KRAFT PLANT MANAGER		508 747-8000	92	01	08	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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