

PILGRIM I DISCHARGE PERMIT REPORT

In accordance with the Federal Clean Water Act, as amended (33USC 1251 Et. Seq: the "CWA", and the Massachusetts Clean Waters Act, as amended (M.G.L., C21, 26-53), regarding effluent limitations, monitoring requirements and other conditions set forth in the Pilgrim Discharge Permits (Federal Permit Number MA003557, and State Permit Number 359), Parts I and II, the following information is submitted for the period April 1, 1984-June 30, 1984.

I. Discharge Points Covered in this Report

<u>Discharge Point</u>	<u>Discharge Identification</u>
001	Condenser Cooling Water
010	Service Cooling Water
011	Makeup Water and Demineralizer Waste Discharge
002	Condenser Backwash and Slime Control
003	Intake Screen Wash

II. Summary and Notes of Discharge Report

A. The flow points 001 and 010 are calculated from system pump capacity and all equal to the total flow for all pumps in the system running at full capacity for a 24-hour period. The flow point 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 point 003 is calculated from system pump capacity and mean operating time.

B. The temperature at point 001 and 002 are measured by resistance temperature detectors (RTD's).

C. Periodically, total residual chlorine concentration in the service cooling water (010) exceed Permit requirements, primarily because of the number of service water pumps in operation. Chlorine levels were lowered as a corrective measure although the dilution provided by the flow kept total residual chlorine concentrations discharged to Cape Cod Bay below 0.1 ppm.

D. Via USEPA letter to Boston Edison Company dated December 1, 1983, Pilgrim Station has been given permission to increase its Service Cooling Water (010) flow rate from 11.7 MGD to 19.4 MGD.

E. Pilgrim Station shutdown on December 10, 1983 for a planned outage and remained shutdown from April 1-June 30, 1984.

F. As of March 27, 1984, both Pilgrim Station sea water circulation pumps were taken out of service for approximately 14 weeks.

PERMIT 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

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

F - FINAL LIMITS
COOLING WATERS

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION 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	SAMPLE MEASUREMENT	*****	*****	*****	41.6	43.6	46.7		0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX	DEG, F		CONTIN	CONTIN
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****	0		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0 30DA AVG	510.0 DAILY MX	MGD	*****	*****	*****	*****		CONTIN	CONTIN
	SAMPLE MEASUREMENT	*****	*****	*****	0	0	0		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	MG/L		ONCE/	GRAB-2
	SAMPLE MEASUREMENT									DISCHG	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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 84 07 20
AREA CODE NUMBER YEAR MO DAY

PH SHALL NOT VARY MORE THAN 0.5 PH STANDARD UNITS FROM INTAKE WATER.
TEMP. SHALL AT NO TIME EXCEED A 32 DEGREE RISE OVER TEMP OF 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: C.J. MATHIS, STATION MANAGER

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

F - FINAL LIMITS
COOLING WATERS

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD

FROM

YEAR	MO	DAY
84	05	01

 TO

YEAR	MO	DAY
84	05	31

(10-21) (12-23) (24-25) (16-27) (28-29) (30-31)

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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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	44.9	47.7	52.4	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX		CONTIN	CONTIN
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0		*****	*****	*****	0		
	PERMIT REQUIREMENT	447.0 30DA AVG	510.0 DAILY MX	MGD	*****	*****	*****	*****	CONTIN	CONTIN
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0	0	0	0		
	PERMIT REQUIREMENT	*****	*****	*****	***** DAILY MN	*****	.1 DAILY MX	MG/L	ONCE/ GRAB-2	DISCHG
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
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	PERMIT REQUIREMENT									

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617 746-7900

84 07 20

AREA
CODE

NUMBER

YEAR MO DAY

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

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PLYMOUTH MA 02360
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DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

F - FINAL LIMITS
COOLING WATERS

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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM 84	06	01	TO 84	06	30
(28-31)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	51.8	54.0	56.3	0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 INST MX	DEG.F	CONTIN	CONTIN
EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0	SAMPLE MEASUREMENT				*****	*****	*****	*****		
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0 30DA AVG	510.0 DAILY MX	MGD	*****	*****	*****	*****	CONTIN	CONTIN
	SAMPLE MEASUREMENT	*****	*****	*****	0	0	0	0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 DAILY MX	MG/L	ONCE/	GRAB=2
	SAMPLE MEASUREMENT								DISCHG	
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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STATION MANAGER

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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.)

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OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

Charles Mathis

617 746-7900

84 07 20

AREA
CODE

NUMBER

YEAR

MO

DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

DISCHARGE MONITORING REPORT (DMR)

NAME BOSTON ED #1 PILGRIM PLANT

(2-16)

(17-19)

F - FINAL LIMITS
CONDENSER BACKWASH

ADDRESS ROCKY HILL ROAD

MA0003557

002 1

PERMIT NUMBER

DISCHARGE NUMBER

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

ATTN: C.J. MATHIS, STATION MANAGER

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (48-45)			QUALITY OR CONCENTRATION (46-53)			NO. EX (56-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0	SAMPLE MEASUREMENT	*****	*****	*****	no backwashes					0			
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120	DEG.F			CONTIN	CONTIN	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****	0				
	PERMIT REQUIREMENT	*****	255.0	MGD	*****	*****	*****	*****			SEE	ESTIMA	
	SAMPLE MEASUREMENT		DAILY MX								PERMIT		
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617
AREA
CODE

746-7600
NUMBER

84 07 20
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 7 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

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

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

002 1

DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
84 05 01 84 05 31
(20-21) (22-24) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

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	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	no backwashes				0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120	DEG.F		CONTINUOUS	CONTINUOUS
	SAMPLE MEASUREMENT	0	0		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	255.0 DAILY MX	MGD	*****	*****	*****	*****		SEE PERMIT	ESTIMATE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

717 746-7400

84 07 20

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 7 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

002 1

DISCHARGE NUMBER

F - FINAL LIMITS
CONDENSER BACKWASH

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

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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	*****	*****	*****	no backwashes				0		
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120	DEG.F		CONTINCONTIN	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0	0		DAILY MN	*****	DAILY MX	*****	0		
	PERMIT REQUIREMENT	*****	255.0	MGD	*****	*****	*****	*****		SEE ESTIMA	
	SAMPLE MEASUREMENT									PERMIT	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

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TELEPHONE

DATE

217 746-7400 84 07 20

AREA CODE NUMBER YEAR MO DAY

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

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PERMITTEE NAME/ADDRESS (Include
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557
PERMIT NUMBER

003 A
DISCHARGE NUMBER

F - FINAL LIMITS
INTAKE SCREEN WASH

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.039	0.084	MGD	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	0.336 30DA AVG	2.02 DAILY MX		*****	*****	*****	*****		CONTINUED	ESTIMATED
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

617 746 700 84 07 20
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
OF AMBIENT TEMP. SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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

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

FACILITY

LOCATION

ATTN: C.J. MATHIS, STATION 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. 2040-0004
Expires 2-29-84

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 05 01 TO 84 05 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	<div></div>	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.051	0.084	MGD	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	0.336 30DA AVG	2.02 DAILY MX		*****	*****	*****	*****			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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 SIG-
NIFICANT 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
AREA
CODE

746-7400
NUMBER

84 07 20
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
OF AMBIENT TEMP. SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

PERMITTEE NAME/ADDRESS (Include
Facility Name if location is different)

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)

(17-19)

MA0003557

PERMIT NUMBER

003 A

DISCHARGE NUMBER

F - FINAL LIMITS
INTAKE SCREEN WASH

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30
(20-21)	(22-24)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION 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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.298	0.315	MGD	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	0.336 30DA AVG	2.02 DAILY MX		*****	*****	*****	*****		CONTINESTIMA UOUS	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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 SIG-
NIFICANT 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
AREA
CODE

746-7500
NUMBER

84 07 20
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
OF AMBIENT TEMP, SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

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

(2-16)

MA0003557

PERMIT NUMBER

(17-19)

010 A

DISCHARGE NUMBER

F - FINAL LIMITS
SERVICE COOLING WATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

TO

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	4.21	10.2	MGD	*****	*****	*****	*****	0	CONTINUOUS
	PERMIT REQUIREMENT	11.7	*****		*****	*****	*****	*****		
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.10	0.31	0.53		12	CONTINUOUS
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.25 30DA AVG	0.5 DAILY MX	MG/L		
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C. J. MATHIS
STATION 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 84 07 20

AREA
CODE

NUMBER

YEAR

MO

DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all applicable laws)

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
RFD #1
PLYMOUTH MA 02460
FACILITY _____
LOCATION _____

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

F - FINAL LIMITS
SERVICE COOLING WATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(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 EFFLUENT GROSS VALUE CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	6.86	14.4	MGD	*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	11.7	*****		*****	*****	*****	*****		CONTINUOUS	DAILY
	SAMPLE MEASUREMENT	*****	*****	*****	0.10	0.23	0.36		6		
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.25 30DA AVG	0.5 DAILY MX	MG/L		CONTINUOUS	DAILY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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 SIG-
NIFICANT 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

AREA
CODE

NUMBER

YEAR

MO

DAY

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

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: C.J. MATHIS, STATION MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

F - FINAL LIMITS

SERVICE COOLING WATER

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
84 06 01 84 06 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (45-53)			(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			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	14.39	14.4	MGD	*****	*****	*****	*****	0	CONTINUOUS
	PERMIT REQUIREMENT	11.7	*****		*****	*****	*****	*****		
CHLORINE, TOTAL RESIDUAL 50060 1 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.11	0.20	0.31	MG/L	3	CONTINUOUS
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.25 30DA AVG	0.5 DAILY MX			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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

67 746 7500 84 07 20
AREA CODE NUMBER YEAR MO DAY

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 if location is different)

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

Form Approved
OMB No. 2040-0004
Expires 2-29-84

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

MA0003557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

F - FINAL LIMITS
MAKE UP WATER AND DEMINERALIZE

MONITORING PERIOD								
YEAR			MO			DAY		
FROM			TO					
84			04			01		
(20-21)			(22-23)			(24-25)		

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	8.3	0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.1 MINIMUM	*****	8.4 MAXIMUM	30	SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.1	28.6	0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L	SEE PERMIT	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.011	0.020		*****	*****	*****	*****	0	
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****	SEE PERMIT	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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

617 746-7922

84 07 20

AREA
CODE

NUMBER

YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FORMERLY DESIGNATED DISCHARGE 001B. SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM. SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS.

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 _____

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

(12-16) MA0003557
 PERMIT NUMBER
 (17-19) 011 A
 DISCHARGE NUMBER

F - FINAL LIMITS
 MAKE UP WATER AND DEMINERALIZE

Form Approved
 OMB No. 2040-0004
 Expires 2-29-84

MONITORING PERIOD
 FROM YEAR 84 MO 05 DAY 01 TO YEAR 84 MO 05 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	8.1	0		
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.1 MINIMUM	*****	8.4 MAXIMUM	SU	SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.8	19.2	0		
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L	SEE PERMIT	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.009	0.013		*****	*****	*****	*****		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****	SEE PERMIT	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
C.J. MATHIS
STATION 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 Mathis
 SIGNATURE OF PRINCIPAL EXECUTIVE
 OFFICER OR AUTHORIZED AGENT

TELEPHONE 477 746-7400
 DATE 84 07 20
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 FORMERLY DESIGNATED DISCHARGE 001B. SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM. SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS,

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 _____

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

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

011 A

DISCHARGE NUMBER

F - FINAL LIMITS

MAKE UP WATER AND DEMINERALIZE

Form Approved
OMB No. 2040-0004
Expires 2-29-84

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
84	06	01	84	06	30

NOTE: Read instructions before completing this form.

ATTN: C.J. MATHIS, STATION MANAGER

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.8			
00400 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	6.1 MINIMUM	*****	6.4 MAXIMUM	SU	SEE PERMIT	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.3	26.2			
00530 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	30 30DA AVG	100 DAILY MX	MG/L	SEE PERMIT	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.010	0.013		*****	*****	*****	*****		
50050 1 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 30DA AVG	0.06 DAILY MX	MGD	*****	*****	*****	*****	SEE PERMIT	ESTIMA
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

C.J. MATHIS
STATION 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

617 746-7300 84 07 20

AREA
CODE

NUMBER

YEAR

MO

DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
FORMERLY DESIGNATED DISCHARGE 001B. SAMPLES TAKEN IN COMPLIANCE WITH THE MONITORING REQUIREMENTS SPECIFIED ABOVE SHALL BE TAKEN AT A POINT PRIOR TO MIXING WITH ANY OTHER STREAM. SEE PG 11 OF PERMIT FOR BIOLOGICAL MONITORING REQUIREMENTS.

BOSTON EDISON COMPANY
800 BOYLSTON STREET
BOSTON, MASSACHUSETTS 02199

WILLIAM D. HARRINGTON
SENIOR VICE PRESIDENT
NUCLEAR

July 28, 1984
BECO. 5.84.029

United States Environmental Protection Agency
Region I
Permits Processing Unit - Room 2109
John F. Kennedy Federal Building
Boston, Massachusetts

Massachusetts Division of Water Pollution Control
Lakeville Hospital
Lakeville, Massachusetts 02203

Gentlemen:

Enclosed is the Discharge Monitoring Report for Pilgrim Nuclear Power Station, NPDES, Permit Number OC03557 (Federal) and Number 359 (State).

The period covered by this report is April 1, 1984 to June 30, 1984.

Very truly yours,

WD Harrington

Attachment - Discharge Monitoring Report

- cc: Mr. Domenic B. Vassallo, Chief (w/attachments)
Operations Reactors Branch #2
Division of Licensing
Office of Nuclear Reactor Regulation
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555
- cc: Dr. Thomas E. Murley (w/attachments)
Regional Administrator
Office of Inspection & Enforcement
Region I
631 Park Avenue
King of Prussia, PA 19406

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