



BOSTON EDISON

25 Braintree Hill Office Park
Braintree, Massachusetts 02184

E. J. Wagner
Vice President
Nuclear Engineering

April 14, 1992
BEC0 5.92-046

NPDES Program Operations Section (WCP)
Environmental Protection Agency
P. O. Box 3127
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 March 1992.

E. J. Wagner
for E. J. Wagner

RDA/cab/6438

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

9204200206 920331
PDR ADDCK 05000293
R PDR

IEAB
11

ATTACHMENT 1 TO BECO LETTER 5.92-046

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 March 1992.

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)
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 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 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. No additional inputs to these stormwater outfalls occur downstream of the composite samplers' sampling locations.
- E. Intake traveling water screens were operated without dechlorination pumps operating on March 20 (1) and 23 (1).
- F. The following boron and sodium nitrite discharges (ppm) occurred in March 1992 from discharge point #001. All discharges were below NPDES Permit limits prior to entering Cape Cod Bay.

<u>Date</u> <u>Discharged</u>	<u>Gallons</u> <u>Discharged</u>	<u>Concentration</u> <u>Before Discharge</u>	<u>Concentration</u> <u>Discharged</u>
Boron			
3/02	7,682	<0.05	<0.001
3/07	8,851	<0.05	<0.001
3/26	12,358	<0.05	<0.001
Sodium Nitrite			
3/02	7,682	<20.00	<0.030
3/07	8,851	<20.00	<0.030
3/26	12,358	<20.00	<0.030

- G. Sawdust was applied to seek and seal PNPS condenser leaks on March 19 (90 pounds), 21 (90 pounds), 23 (90 pounds), 26 (240 pounds) and 27 (150 pounds).

ATTACHMENT 2 TO BECO LETTER 5.92-046

DISCHARGE MONITORING REPORT

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: E.S. KRAFT, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
92 03 01 92 03 31

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

MAJOR Final Approved.

(SUBR 5) On: No. 2040-0004.

F - FINAL Approval expires 6-30-91.

CONDENSER COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(1 Card Only) QUANTITY OR LOADING (46-53)			(1 Card Only) QUALITY OR CONCENTRATION (58-65)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	***** ()		*****	*****	67.7	(15) OF	0	99/99 RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	***** ****	****	*****	*****	102 DLY MAX	DEG.F		CONTINRCORDE UOUS
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	SAMPLE MEASUREMENT	*****	***** ()		*****	0.02	0.05	(19) MG/L	0	WH/DS GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	***** ****	****	*****	0.1 MINTH AVG	0.1 DLY MAX	MG/L		WHEN GRAB DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	415.8	446.4 (03)	MGD	*****	*****	*****	()	0	99/99 ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0 MINTH AVG	510.0 DLY MAX	MGD	*****	*****	*****	****		CONTINVESTIMA UOUS
TEMP. DIFF. BETWEEN INTAKE AND DISCHARGE 61576 1 0 0	SAMPLE MEASUREMENT	*****	***** ()		*****	*****	30.1	(15) OF	0	99/99 CA
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	***** ****	****	*****	*****	32 DLY MAX	DEG.F		CONTINCALCTO UOUS
	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 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.)

W. M. M. for ESK

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

508 747-8100

DATE

92 04 09

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

EPA Form 3320-1 (Rev. 9-83) Previous editions may be used.

(REPLACES EPA FORM 740 WHICH MAY NOT BE USED.)

00355/911231-1539

PAGE 1 OF

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

MAJOR Form Approved.

(SUBR S) OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

THERMAL BACKWASH

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 07 TO YEAR 92 MO 03 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)	SAMPLE MEASUREMENT (40-41)	QUANTITY OF LOADING (42-45)			QUALITY OR CONCENTRATION (46-51)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNITS (46-47)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)	UNITS (54-55)			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	*****	*****	*****	(15)	0	9/99 RC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	*****		0	CONTINUOUS
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	9.3	(03)	*****	*****	*****	*****	()	0	WH/DS ES
	PERMIT REQUIREMENT	*****	255.0	MGD	*****	*****	*****	*****	****		WHEN ESTIMATED
	SAMPLE MEASUREMENT		DAILY MAX	MGD					****		DISCH
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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 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

508/747-8100 92 04 09

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

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

NAME DOSTON EQ #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

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 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.

INTAKE SCREEN WASH

*** 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 (58-65)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	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>0.342</u>	<u>1.51</u>	<u>(03)</u>	*****	*****	*****	<u>()</u>	<u>0</u>	<u>01/01</u>	<u>ES</u>
	PERMIT REQUIREMENT	<u>2.1</u>	<u>2.1</u>	<u>MGD</u>	*****	*****	*****	****		<u>DAILY</u>	<u>ESTIMA</u>
		<u>NNTH AVG</u>	<u>DLY MAX</u>	<u>MGD</u>							
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	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 22 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>William J. F. B. S.</u>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
			<u>508</u>	<u>747-8100</u>	<u>92</u>	<u>04</u>	<u>09</u>

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.

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)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR Form Approved.

(SUBR 5) OMB No. 2040-0004.

F - FINAL Approval expires 6-30-91.

PLANT SERVICE COOLING WATER

*** 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 (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXIDANTS, TOTAL RESIDUAL 34044 1 0 0	SAMPLE MEASUREMENT	*****	*****	()	*****	0.25	0.52	(19) mg/L	0	99/99	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 METH AVG	1.0 DLY MAX	MG/L			CONTINRCOND UOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	5.3	*****	(03) MGD	*****	*****	*****	()	0	99/99	ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	19.4 METH AVG	*****	MGD	*****	*****	*****	****			CONTINESTINA UOUS
	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 USC § 1001 AND 33 USC § 1319. Penalties under these statutes may include fines up to \$100,000 and/or maximum imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 747-8100 92 04 09
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/Location if different)

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

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

MA0003557
 PERMIT NUMBER

011 A
 DISCHARGE NUMBER

MAJOR Form Approved.
 (SUBR S) OMB No. 2040-0004.
 F - FINAL Approval expires 6-30-91.
 MAKE UP WATER AND DEMINERALIZE

FACILITY
 LOCATION

MONITORING PERIOD
 FROM YEAR 92 MO 03 DAY 01 TO YEAR 92 MO 03 DAY 31
 (19-21) (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 (37-37)		(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			
SOLIDS, TOTAL SUSPENDED 01530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	()	*****	0.70	1.00	(19)	0	01/BA	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30	100	MG/L		ONCE/	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLAN 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0003	0.0004	(03)	*****	*****	*****	()	0	WH/DS	ES
	PERMIT REQUIREMENT	0.015	0.06	MGD	*****	*****	*****	****		WHEN ESTIMA	DISCHR
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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. § 1315. (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

508 747-8100 92 04 09
 AREA CODE NUMBER YEAR MO DAY

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

SEE PAGE 3 OF PERMIT PARAGRAPH N FOR SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM