



**Boston Edison**

Pilgrim Nuclear Power Station  
Rocky Hill Road  
Plymouth, Massachusetts 02360

**Henry V. Oheim**  
General Manager - Technical Section

October 18, 1996  
BECO Ltr. 5.96.075

NPDES Programs (SPA)  
U.S. Environmental Protection Agency  
P.O. Box 8127  
Boston, MA 02114-8127

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 September, 1996.

Should you have any questions on this report, please direct them to our Principal Marine Biologist, Mr. Robert Anderson, at (508) 830-7935.

Respectfully,

H. V. Oheim

RDA/dmc/radmisc/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

200055  
9610290177 960930  
PDR ADOCK 05000293  
R PDR

IE 25%

ATTACHMENT 1 TO BECo LETTER 5.96.075

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 September, 1996.

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 flows 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. Flows 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, samples are collected by grab sampling. Samples are handled and stored in accordance with 40 CFR 136. No additional inputs to these stormwater outfalls occur downstream of the 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 September 1996.
- G. The following boron and sodium nitrite discharges (ppm) occurred in September 1996 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			
9/19/96	8,684	0.47	0.0006
Sodium Nitrite			
9/19/96	8,684	1.60	0.0021

- H. On September 19, 1996 the USEPA - Region I was notified of the plan to discharge a PNPS neutralizing water tank with suspended solids (approximately 164 ppm daily max and monthly average) beyond NPDES Permit limits. EPA approved this discharge as one circulating water system pump would be operating resulting in a dilution to preclude the possibility of any adverse environmental impact on Cape Cod Bay (BECO Telecon #4.96.006).
- I. The U.S. EPA, on September 18, 1996, approved the use of intake storm drains #005 and #007 for the discharge of salt service water (approximately 10,000 gallons) and stator cooling water (approximately 400 gallons), respectively, within NPDES Permit chemical effluent limits. These discharges were necessary to effect repairs and maintenance to the systems (BECO Telecon #4.96.005).

ATTACHMENT 2 TO BECo LETTER 5.96.075

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: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

001 1

DISCHARGE NUMBER

CONDENSER COOLING WATER

(SUBR S)

F - FINAL

MAJOR

Form Approved.

OMB 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
93	09	01	TO	93	09	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) QUANTITY 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 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	96.7	(15) OF	0	99/99 RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	102 DAILY MX	DEG.F		CONTIN UDJS
OXIDANTS, TOTAL RESIDUAL 36044 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	0.02	0.06	(15) MGL	0	WH/DS GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	*****	0.1 MD AVG	0.1 DAILY MX	MG/LI		WH/DS GR DISCHR
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	368.9	446.4	(03) MGD	*****	*****	*****		0	99/99 ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	447.0 MD AVG	510.0 DAILY MX	MGD	*****	*****	*****	****		CONTIN UDJS
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 DAILY MX	DEG.F		CONTIN UDJS
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	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 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 830-8100

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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 PARAGRAPH 15 NEW FOR BORON AND SODIUM NITRATE REPORTING REQUIREMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM. A BARRIER NET SHALL BE MAINTAINED AT THE THERMAL END OF DISCHARGE CANAL AT ALL TIMES.

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: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

002 1

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY

FROM 98 09 01 TO 98 09 30  
(12-21) (12-23) (12-25) (12-27) (12-29) (12-31)

THERMAL BACKWASH  
(SUBR S)  
F - FINAL  
MAJOR:

Form Approved.

OMB No. 2040-0004

Approval page 05-31-98

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	*****	*****		*****	*****	112.5	(15)	0	99/99	RC
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	120	OF		CONTIN	CORD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	37.2	(03)	*****	*****	*****		0	WH/DS	ES
50050 1 0 0	PERMIT REQUIREMENT	*****	255.0	MGD	*****	*****	*****	****		WHEN	ESTIM
EFFLUENT GROSS VALUE			DAILY MX	MGD				****		DISCHR	
	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

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.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

808 830-8100 9/6 10 9  
AREA CODE NUMBER YEAR MO DAY

COMMENTS 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 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

ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0033557

003 A

PERMIT NUMBER

DISCHARGE NUMBER

INTAKE SCREEN

(SUBR S)

F - FINAL

MAJOR

Form Approved.

EPA No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR 96 MO 09 DAY 01 TO YEAR 96 MO 09 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) QUANTITY OR CONCENTRATION (46-53)				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	2.2	3.2	(03) MGD	*****	*****	*****		0	01/01	ES
	PERMIT REQUIREMENT	4.1 NO AVG	4.1 DAILY MX	MGD	*****	*****	*****	****		DAILY	ESTIMA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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

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. § 1318. (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

508-830-8100

96 10 9

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

MA003557

PERMIT NUMBER

004 A

DISCHARGE NUMBER

YAKO DRAINS

(SUBR S)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	07	08		96	09	30

FROM

TO

(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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				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	*****	*****		*****	1.6	1.6	(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										
	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 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508.830-8100

96 10 9

AREA  
CODE

NUMBER

YEAR

MO

DAY

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



NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-18)

MA0005557

005 A

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 96 09 01 TO

96 09 30

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

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

YARD DRAINS

(SUBR 3)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

12385

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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	*****	*****		*****	35.1	35.1	(19) MG/L	1	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	*****	*****		*****	2.0	2.0	(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										
	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 5 years.)

TELEPHONE  
 508 830-8100  
 AREA CODE NUMBER

DATE  
 96 10 9  
 YEAR MO DAY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

\* Suspended Solids monthly average consisted only of the one sample required to be taken (construction sand on hardtop may account for higher ppm)

NAME BOSTON ED #1 PILGRIM PLANT  
 ADDRESS ROCKY HILL ROAD  
 RFD #1  
 PLYMOUTH MA 02560

## DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

006 A

DISCHARGE NUMBER

YARD DRAINS  
 (SUBR S)  
 F - FINAL  
 MAJOR

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

## MONITORING PERIOD

FROM YEAR 98 MO 09 DAY 01 TO YEAR 98 MO 09 DAY 30  
 (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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	4.7	4.7	(19) MG/L	0	02/YR	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	30 MO AVG	100 DAILY MX	MG/L		SEMI-GRAB ANNUAL	
OIL AND GREASE FROM EXTR-GRAV METH 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	1.5	1.5	(19) MG/L	0	02/YR	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT	15 DAILY MX	MG/L		SEMI-GRAB ANNUAL	
	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

T.A. SULLIVAN  
 PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508 830-8100

AREA CODE

NUMBER

96

10

9

YEAR

MO

DAY

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

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

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA003557

PERMIT NUMBER

007 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

FROM 96 09 01 TO

YEAR MO DAY

96 09 30

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

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

YARD DRAINS

(SUBR S)

F - FINAL

MAJOR

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

\*\*\* NO DISCHARGE 1-1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (52-63)	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	*****	*****		*****	3.7	3.7	(19) MG/L	0	02/YR	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	30 MD 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	*****	*****		*****	<1.0	<1.0	(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										
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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 5 years.)

TELEPHONE  
 508 830-8100  
 DATE  
 96 10 9

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)  
NAME BOSTON ED #1 PILGRIM PLANT  
ADDRESS ROCKY HILL ROAD  
RFD #1  
PLYMOUTH MA 02360

FACILITY  
LOCATION  
ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
MA0005557  
PERMIT NUMBER  
008 A  
DISCHARGE NUMBER  
MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
96 09 01 TO 96 09 30  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.  
SEA FOAM SUPPRESSION NOISE CONTROL  
(SUPER S)  
F - FINAL  
MAJOR  
Approval expires 05-31-98

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	no discharge			(3)	*****	*****	*****	0	01/01	ES
	PERMIT REQUIREMENT	0.73 MO AVG	0.73 DAILY MX	MGD	*****	*****	*****	****		DAILY	ESTIM
	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 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. § 1318. (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 T. A. Sullivan	TELEPHONE 508.830-8100	DATE 96 10 9
			AREA CODE NUMBER	YEAR MO DAY

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



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

NAME BOSTON ED #1 PILGRIM PLANT

ADDRESS ROCKY HILL ROAD

RFD #1

PLYMOUTH

MA 02360

FACILITY

LOCATION

ATTN: T.A. SULLIVAN, PLANT MANAGER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

MA0003557

PERMIT NUMBER

010 A

DISCHARGE NUMBER

PLANT SERVICE COMPANY

(SUBR S)

F - FINAL

MAJOR

Form Approved.

OMB NO. 2040-004

Approval expires 05-31-98

12345

MONITORING PERIOD

YEAR MO DAY

YEAR MO DAY

FROM 98 09 01 TO

98 09 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) QUANTITY OR CONCENTRATION (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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	0.15	0.50	(19) MG/L	0	01/01	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	0.5 MO AVG	1.0 DAILY MX	MG/L		CONTINUOUS	UDJS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	10.7	*****	(03) MGD	*****	*****	*****		0	99/99	ES
	PERMIT REQUIREMENT	19.4 MO AVG	*****	MGD	*****	*****	*****	****		CONTINUOUS	UDJS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	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 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508-830-8100

96 10 9

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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

RFD #1

PLYMOUTH

MA 02560

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

011 A

DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY

FROM 95 12 01 TO

YEAR MO DAY

95 09 30

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

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

Form Approved.

OMB No. 2040-0008  
Approval expires 05-31-98WAKE UP WATER AND  
(SUBS)  
F - FINAL  
MAJOR

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (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	SAMPLE MEASUREMENT	*****	*****		*****	164.0	164.0	(17)	2	01/BA	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	30 MO AVG	100 DAILY MX	MG/L		ONCEY GRAB BATCH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0	SAMPLE MEASUREMENT	0.0003	0.0003	(03) MGD	*****	*****	*****		0	WH/DS	ES
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0.015 MO AVG	0.06 DAILY MX	MGD	*****	*****	*****	****		WHEVI ESTIMN DISCHR	
	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

T.A. SULLIVAN  
PLANT MANAGER

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE  
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

508.830-8100

96 10 9

AREA  
CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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.H