



Entergy Nuclear Operations, Inc.
Pilgrim Nuclear Power Station
600 Rocky Hill Road
Plymouth, MA 02360

ENV 1.16-011

October 21, 2016

U.S. Environmental Protection Agency
Water Enforcement, OES4-SMR
5 Post Office Square, Suite 100
Boston, MA 02109-3912

Massachusetts Department of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, MA 02347

Subject: Discharge Monitoring Report — September 2016
NPDES Permit Number MA0003557

Dear Sir or Madam:

Enclosed is the September 2016 Discharge Monitoring Report (DMR) for Pilgrim Nuclear Power Station, NPDES Permit Number MA0003557 (Federal) and Number 359 (State). Also included is a summary of the discharge data for the month along with notes and additional information (Attachment 1).

Should you have any questions about this report please direct them to Mr. Joseph Egan, Chemistry Department (Environmental), Pilgrim Nuclear Power Station, (508) 830-8915.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Romeo, Sr.".

Michael A. Romeo, Sr.
Director, Regulatory & Performance Improvement

JWE/

Attachments: 1. Summary – Additional Information for September 2016 DMR
2. Discharge Monitoring Report (completed DMR forms)



ATTACHMENT 1 to Letter ENV 1.16-011

Summary — Additional Information for September 2016 D.M.R.

Pilgrim Nuclear Power Station – Discharge Monitoring Report

In accordance with the Federal Clean Water Act, as amended (33 USC 1251 et seq.), 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.

I. Discharge Points Covered in this Report

<u>Outfall No.</u>	<u>Discharge Identification</u>
001-1	Condenser Cooling Water (or Circ. Water System)
002-1	Thermal Backwash for Biofouling Control
003-A	Intake Screen Wash
004, 005, 006, and 007	Yard (Storm) Drains – Spring and Fall only
008-A	Sea Foam Suppression
010-A	Service Cooling Water (or Salt Service Water System)
011-A	Makeup Water and Demineralizer Waste Discharge (Neutralizing Sump or others)

II. Summary and Notes of Discharge Report

- A. The flows from discharge points 001, 002, 003, 008 and 010 are calculated from estimated pump capacity and cumulative hours of pump operation. The flow from point 001 is estimated assuming a Circulating Water pump capacity of 155,000 GPM (as described in Pilgrim's "§308 Response" letter dated July 1, 2008 from Goodwin Procter to U.S. EPA). The flow from point 011 is estimated from the volume discharged.
- B. The temperatures at points 001 and 002 are measured by resistance temperature detectors (RTDs) and compiled as one minute values.
- C. Grab samples for the four storm water outfalls are to be collected and analyzed twice per year in accordance with 40 CFR 136. Results for the fall semi-annual sampling requirement (which is scheduled for the month of September) are enclosed. Three of the four outfalls were sampled on September 27th, since this was the first suitable sampling opportunity this fall. Samples were not able to be collected from the other outfall (#004) due to insufficient storm drain flow during the storm.
- D. Chlorination of the condenser cooling water (discharge point #001) was performed on 23 days this month, for no more than 2 hours per day.
- E. As referenced in Pilgrim's NPDES Permit, please be advised that the station performed an emergent reactor shutdown on September 6, 2016 at 8:27 am, during which reactor power level was decreased as authorized in Section g(2). This shutdown was promptly reported to U.S. NRC in accordance with the requirements of 10 CFR 50.

II. Summary and Notes of Discharge Report (continued)

F. There was a brief fish impingement incident at Pilgrim Station this month, which was previously reported to U.S. EPA and MDEP.

- On September 10, the maximum impingement rate of 505 fish/hour, primarily involving juvenile Atlantic menhaden, was observed during early morning screenwash monitoring. The details of this incident were reported in an e-mail message dated September 14, 2015.

It appears that this impingement was not caused by any change in conditions related to Pilgrim Station but was due to natural circumstances. Based on the number of fish involved, it is expected that this incident did not have a lasting effect on these species.

ATTACHMENT 2
to Letter ENV 1.16-011

COMPLETED
DISCHARGE MONITORING REPORT
FORMS

(10 pages of DMR Forms enclosed)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360


MA0003557	001-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
CONDENSER COOLING WATER
External Outfall

FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	98.8	°F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	102 DAILY MX	deg F		Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.05	mg/L	0	Wk/Ds	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 MO AVG	.1 DAILY MX	mg/L		When Discharging	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	445.8	446.4	MGD	*****	*****	*****	*****	0	99/99	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	447 MO AVG	510 DAILY MX	MGD	*****	*****	*****	*****		Continuous	ESTIMA
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	29.4	°F	0	99/99	CA
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	32 DAILY MX	deg F		Continuous	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Grant Flynn Oper. Mgr.			508-830-8170	10/21/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360


MA0003557	002-1
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
THERMAL BACKWASH
External Outfall

FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		°F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	120 DAILY MX	deg F		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****		MGD	*****	*****	*****	*****	0	Wh/Ds	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	255 DAILY MX	MGD	*****	*****	*****	*****		When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Grant Flynn Oper. Mgr.			508-830-8170	10/21/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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.

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

Form Approved
OMB No. 2040-0004

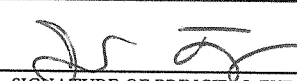
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

MA0003557	003- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
INTAKE SCREEN WASH
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.2	MGD	*****	*****	*****	*****	0	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	4.1 MO AVG	4.1 DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grant Flynn Oper. Mgr. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			508-830-8170	10/2/2016
			AREA Code	NUMBER
				MM/DD/YYYY

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 INTAKESCREEN SHOULD BE RETURNED TO WATER OF AMBIENT TEMP. SUFFICIENTLY DISTANT FROM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360


MA0003557	004- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360- 5508
MAJOR
(SUBR S)
YARD DRAINS
External Outfall

FACILITY: ENERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

No Discharge F

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					0	02/yr	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L			Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	02/yr	GR	
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	15 DAILY MX	mg/L			Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grant Flynn Oper. Mgr. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		508-830-8170
		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI Code C for no discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360

FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360


ATTN: John Macdonald, Oper. Mang.

MA0003557	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
YARD DRAINS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	mg/L	0	02/yr	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.0	< 4.0	mg/L	0	02/yr	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grant Flynn Oper. Mgr. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			508-830-8170	10/2/2016	
			AREA Code	NUMBER	MM/DD/YYYY

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

Enter NODI Code C for no discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360

MA0003557	006- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
YARD DRAINS
External Outfall

FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.3	mg/L	0	02/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.0	< 4.0	mg/L	0	02/yr	GR
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Grant Flynn Oper. Mgr.		508-830-8170		10/21/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Enter NODI Code C for no discharge

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

MA0003557	007- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
YARD DRAINS
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	mg/L	0	02/yr	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.0	< 4.0	mg/L	0	02/yr	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Grant Flynn Oper. Mgr.		508-830-8170		09/21/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

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

Enter NODI Code C for no discharge

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

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

MA0003557	008- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
SEA FOAM SUPPRESSION DISCHARGE
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.73 MO AVG	.73 DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Grant Flynn Oper. Mgr.			508-830-8170	10/01/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360

MA0003557	010- A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 02360- 5508
MAJOR
(SUBR S)
PLANT SERVICE COOLING WATER
External Outfall

FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

No Discharge

ATTN: John Macdonald, Oper. Mang.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.17	0.66	mg/L	0	02/01	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.5 MO AVG	1 DAILY MX	mg/L		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.2	*****	MGD	*****	*****	*****	*****	0	99/99	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	19.4 MO AVG	*****	MGD	*****	*****	*****	*****		Continuous	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Grant Flynn Oper. Mgr.		508-830-8170		10/21/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code
				MM/DD/YYYY

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.

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


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
different)
NAME: ENTERGY - PILGRIM NUCLEAR POWER STATION
ADDRESS: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
FACILITY: ENTERGY - PILGRIM NUCLEAR POWER STATION
LOCATION: 600 ROCKY HILL ROAD
PLYMOUTH, MA 02360
ATTN: John Macdonald, Oper. Mang.

MA0003557	011- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02360-5508
MAJOR
(SUBR S)
MAKE UP WATER AND DEMINERALIZE
External Outfall
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****					0	01/Ba	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX				Once per Batch	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0	Wh/Ds	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.015 MO AVG	.06 DAILY MX	MGD	*****	*****	*****	*****			When Discharging	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Grant Flynn Oper. Mgr. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			508-830-8170	10/21/2016	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PAGE 5 OF PERMIT PARAGRAPH N FOR SODIUM NITRATE REPORTING REQUIERMENTS. ATTACH ALL RELATED REPORTS TO THIS FORM