



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,

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

Outfall No.	Discharge Identification
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
A-800	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)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATI

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 001-1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

09/30/2016

DMR Mailing ZIP CODE: 02360-5508 MAJOR

(SUBR S)

CONDENSER COOLING WATER

External Outfall

No Discharge

		QUAN	TITY OR LOADII	√G	Qī	JALITY OR CON	CENTRATION	· · · · · · · · · · · · · · · · · · ·	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	de de de de de	sie sie sie sie sie	*****	ste ste ste ste ste ste	sie sie sie sie sie	98.8	٥F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	\$chihuni	ale ale ale ale ale	pic pic pic pic pic	****	*****	102 DAILY MX	deg F	-	Continuous	Recorder (auto)
Oxidants, total residual	SAMPLE MEASUREMENT	*****	*****	र्वेट प्रेट प्रेट प्रेट प्रेट प्रेट	the the the the the	0.02	0.05	mg/L	0	Wh/Ds	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	केर और मेंड कोर कोर	*******	********	.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	घंट घंट घंट घंट घंट घंट	sie sie sie sie sie	****	nie nie nie nie nie nie	0	99/99	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	447 MO AVG	510 DAILY MX	MGD	-	र्शन में में में में में में	******	ale ale ale ale ale		Continuous	ESTIMA
Temp. diff. between intake and discharge	SAMPLE MEASUREMENT	the the the the the	sie sie sie sie sie	*****	sie sie sie sie sie sie	*****	29.4	°F	0	99/99	CA
61576 1 0 Effluent Gross	PERMIT REQUIREMENT	And the Andrews	** ** ** ** **	<i>ોર પેલ પેલ પેલ</i>	ole vie vie vie vie vie	36 36 36 36 36	32 DAILY MX	deg F		Continuous	CALCTD

09/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this docume direction or supervision in accordance with a supervision and accordance with a supervision of the control of the	em designed to assure that qualified	TELEPHONE	DATE
Grant Flynn Oper. Mgr. personnel properly gather and evaluate the inflormation, the information submitted is, accurate, and complete. I am aware that there information, including the possibility of fine and the information including the possibility of fine and the information.	see persons directly responsible for gathering the best of my knowledge and belief, true, significant penalties for submitting false imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ALITHING IZED, ACENIT	508-830-8170 AREA Code NUMBER	10/21/1916

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.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATI

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 002-1
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

09/30/2016

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

External Outfall

No Discharge 6

		QUAN	TITY OR LOADII	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	ગેલ ગેલ ગેલ ગેલ ગેલ ગેલ	sie sie sie sie sie	*****	ste ste de de de de	ste ste ste ste ste		۰F	0	99/99	RC
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	sic de sie de de de	*****	****	she she she she she	Se sie sie sie sie s	120 DAILY MX	deg F		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	de de de de de de		MGD	र्शन शेंद शेंद शेंद शेंद शेंद	र्वेद और वेद वेद वेद वेद	रीत रिक्षेत्र के के के	र्यंद प्रेंस प्रेंस प्रेंस प्रेंस प्रेंस	0	Wh/Ds	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	ich ich ich	255 DAILY MX	MGD	yle yle yle yle yle yle yle	*****	और और भीर भीर और और अ	治疗病疾病		When Discharging	ESTIMA

09/01/2016

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER directify under penelty 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.

TYPED OR PRINTED

TELEPHONE

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 CONTINOUS HOURS. SEE PERMIT PAGE 8 FOR CONDITIONS REGARDING THE FREQUENCY OF DISCHARGE.

DATE

40-6/16/0i

MM/DD/YYYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATI

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

		QUAN	TITY OR LOADI	NG	Qī	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.9	3.2	MGD	जोट जोट केट कीट कीट कीट	ર્ગલ રહેલ રહેલ રહેલ પોલ	घट घट घट घट घट घट	*****	O	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	4.1 MO AVG	4.1 DAILY MX	MGD	sie się sie sie sie	物种物物的	ste ste ste ste ste	n n n n n n n		Daily	ESTIMA

Grant Flynn Oper. Mgr. TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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 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 WATEROF AMBIENT TEMP. SUFFICIENTLY DISTAN FORM INTAKE STRUCTURES TO PREVENT REIMPINGEMENT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATI

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 PERMIT NUMBER

004-A DISCHARGE NUMBER

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

MM/DD/YYYY 09/30/2016

DMR Mailing ZIP CODE: 02360-5508

MAJOR (SUBR S)

YARD DRAINS External Outfall

No Discharge

	a sili	QUAN	TITY OR LOADII	4G	QI	UALITY OR CON	CENTRATION	***************************************	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	*****	sie sie sie sie sie sie	र्रेट क्षेत्र क्षेत्र क्षेत्र क्षेत्र क्षेत्र	ole de de de de de			mg/L	0	02/yr	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	sie sie sie sie sie	भीन भीन भीन भीन भीन भीन स्थापन	i i i i i i i i i i i i i i i i i i i	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	જેર જેર જેર જેર	ale ale ale ale ale	the the the the the sie	****			mg/L	0	02/44	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	*****	she she she she she	****	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

	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	3 CTA	TELEPHO	ONE	DATE
brant Hyun Oper. Mar.	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.		508 · 830		
			AREA Code 1	NUMBER	MM/DD/YYYY

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

Enter NODI Code C for no discharge

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATIC

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

		QUAN	TITY OR LOADI	NG	Qì	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	કેલ કેલ કેલ કેલ કેલ	the the the the the	*****	ite ite ite ite ite	0.1	0.1	mg/L	0	02/45	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	se sin pin sin sin	****	ste ste ste ste ste	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	ste de de de de de	ste ste ste ste ste	te te te te te	*****	< 4.0	< 4.0	mg/L	0	32/yr	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	sie sie sie sie sie sie sie	****	afer afer afer afer afer afer	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 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 TELEPHONE 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, Grant Flyan Oper. Mar. 508.830-8170 accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of tine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED AREA Code NUMBER

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

Enter NODI Code C for no discharge

DATE

MM/DD/YYYY

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 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

No Discharge

		QUAN	TITY OR LOADI	NG	Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	લે લેટ લેટ લેક લેટ લેટ	ale ale ale ale ale	ale ale ale ale ale ale	ste ste ste ste ste ste	0.3	0.3	mg/L	0	02/45	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	ne ste ne ste	sée sée sée sée sée	*****	ale ale ale ale ale	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	ste ste ste ste ste ste	sie sie sie sie sie sie	ste ste ste ste ste	häääää	< 4.0	< 4.0	mg/L	0	02/45	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	We also who also also	****	of the state of the	of enderstanding the selection	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

Grant Flynn Oper. Mgr. TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Lecrify 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 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

508-830-8170 AREA Code

TELEPHONE

NUMBER MM/DD/YYYY

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

Enter NODI Code C for no discharge

DATE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATIC

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

09/30/2016

DMR Mailing ZIP CODE: 02360-5508 MAJOR

(SUBR S) YARD DRAINS External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q1	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	nnhnn	sie sie sie sie sie sie	ichhich	ste ste de de de de	0.1	0.1	mg/L	0	02/40	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	经验收收益	*****	Ne Ne Ne Ne Ne	30 MO AVG	100 DAILY MX	mg/L		Twice per Year	GRAB
Oil & Grease	SAMPLE MEASUREMENT	र्वत र्वत वेद र्वद र्वद वेद वेद	ste ste ste ste ste	ste ste ste ste ste	रोट रोट रोट रोट रोट रोट	< 4.0	< 4.0	mg/L	0	02/40	GR
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	ńkki	*****	Req. Mon. AVERAGE	15 DAILY MX	mg/L		Twice per Year	GRAB

09/01/2016

TYPED OR PRINTED

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 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 tine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE 508.830-8170 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

Enter NODI Code C for no discharge

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATI-

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 SUPRESSION DISCHARGE

External Outfall

No Discharge C

	1	QUAN	TITY OR LOADII	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	ale ale ale ale ale	ale ale ale ale ale	ste ste ste ste ste	જે જે જે જે જે જે	0	01/01	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.73 MO AVG	,73 DAILY MX	MGD	******	sile ale de de de de	she she she she she she	व्यंद क्षेत्र क्षेत्र क्षेत्र क्षेत्र क्षेत्र	÷	Daily	ESTIMA

Grant Flynn Oper. Mgr. TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 AREA Code NUMBER MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: ' ENTERGY - PILGRIM NUCLEAR POWER STATI

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.

DMR Mailing ZIP CODE: 02360-5508

MAJOR (SUBR S)

PLANT SERVICE COOLING WATER

External Outfall

No Discharge

	La Para Hara	QUAN	TITY OR LOADII	NG	Qī	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxidants, total residual	SAMPLE MEASUREMENT	ate ate ate ate ate	*****	मेर मेर मेर मेर मेर मेर	ste ste ste ste ste ste	0.17	0.66	mg/L	0	02/01	GR
34044 1 0 Effluent Gross	PERMIT REQUIREMENT	she she she she she she	sic sic sic sic sic sic	*******	of ender also also also	.5 MO AVG	1 DAILY MX	mg/L		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	14.2	sie sie sie sie sie sie	MGD	de de de de de	*****	र्शन और और और और और	pie pie pie pie pie pie	Ø	99/99	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	19,4 MO AVG	*****	MGD	ste ste ste ste ste	******	ste ste ste ste ste	计计划计算		Continuous	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 1 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 submitted less 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.

TYPED OR PRINTED

TELEPHONE

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MM/DD/YYYY

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

CONTINOUS CHLORINATION OF SERVICE WATER SYSTEM MAY BE USED FOR MACROINVERTEBRATE CONTROL. FLOW RATE SHALL BE ESTIMATED FROM PUMP CAPACITY CURVES AND OPERATIONAL HOURS.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ENTERGY - PILGRIM NUCLEAR POWER STATIC

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 C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	St. St. St. St. St.	*****	*****	ste ste ste ste ste			mg/L	0	01/Ba	GR
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	埃安 埃安埃·	ple ple ple ple ple ple	30 MO AVG	100 DAILY MX	mg/L		Once per Batch	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT			MGD	*****	******	ske die die die die die	ple ple ple ple ple ple	0	Wh/Ds	ES
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.015 MO AVG	.06 DAILY MX	MGD	मेंट मोर मंद्र और मेंद्र और	******	भेट मेंग मेट मेट भेट भेट	ple ple ple ple ple		When Discharging	ESTIMA

Oper. Mgr. Grant Flynn TYPED OR PRINTED

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 line and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

508-830-8170 AREA Code NUMBER MM/DD/YYYY

DATE

TELEPHONE

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 REPORTSTO THIS FORM