DEER ISLAND TREATMENT PLANT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE	NAME / ADDRESS	00	TOBER 2000 -	DISCHARGE	MONITORING	REPORT (DN	IR)	MAJOR
NAME	MWRA	MA010)3284			TC	01 A	(SUBR E)
ADDRESS	CHARLESTOWN NAVY	PERMIT	NUMBER			DISCHARC	GE NUMBER	F - FINAL
YARD	100 FIRST AVE			MONITORIN				TREATED SANITARY WASTEWATER
	BOSTON MA 02129		FROM			ТО		
FACILITY	MWRA	YEAR	MO	DAY	YEAR	MO	DAY	*** NO DISCHARGE
LOCATION	BOSTON MA 02129	00	10	01	00	10	31	
	HARD TRUBIANO							

PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
РН	SAMPLE MEASUREMENT	*****	*****	*******	6.2	*****	6.9	(12)	02-03)	01 / 01	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	195	205	321	(19)	0	01 / 01	24
INFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	mg/L		DAILY	COMP24
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	******	11.0	14.1	29.0	(19)	0	01 / 01	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		30 MO AVG	45 WKLY AVG	REPORT DAILY MX	mg/L		DAILY	COMP24
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	******	*****	0.16	0.5	(25)	0	01 / 01	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT WKLY AVG	REPORT DAILY MX	ml/L		DAILY	GRAB
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	****	*****	22.25	*****	*****	(19)	0	04/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT MO AVG	*****	*****	mg/L		ONCE / MONTH	COMP24
NITROGEN, NITRITE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	0.13	*****	*****	(19)	0	04/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	*****	mg/L		ONCE / MONTH	COMP24
NITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	******	0.22	*****	*****	(19)	0	04/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT MO AVG	****	*****	mg/L		ONCE / MONTH	COMP24

Page 1 of 6

PARAMETER	\searrow	(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUANTITY (46-53)	OR LOADING (54-61)	-	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	>	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
NITROGEN, KJELDAHL TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	25.95	*****	*****	(19)	0	04/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	*****	mg/L		ONCE / MONTH	COMP24
CHLORIDE (AS CL)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	841	(19)	0	01 / 01	24
INFLUENT	PERMIT REQUIREMENT	*****	*****		*****	*****	REPORT DAILY MX	mg/L		DAILY	COMP24
ARSENIC, TOTAL (AS AS)	SAMPLE MEASUREMENT	*****	*****	******	0.00	*****	0.00	(28)	0	02/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L		ONCE / MONTH	COMP24
COPPER TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****	******	7.99	*****	12.30	(28)	0	05/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L		ONCE / MONTH	COMP24
COLIFORM, FECAL - % SAMPLE EXCEEDS	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	****	(23)	0	90/30	CA
LIMIT EFFLUENT	PERMIT REQUIREMENT	*****	*****		10 MAXIMUM	*****	*****	PERCENT		THREE / DAY	CALCULATED
PCB-1016 (AROCHLOR 1016)	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
4, 4'-DDT (P, P'-DDT)	SAMPLE MEASUREMENT	*****	****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24

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PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR I (54-61)	OADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
ALDRIN	SAMPLE MEASUREMENT	*****	*****	****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
CHLORDANE, ALPHA,	SAMPLE MEASUREMENT	*****	*****	*****	0	****	0		0	01/30	24
WHOLE WATER EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
CHLORDANE (TECH MIX. AND	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0		0	01/30	24
METABOLITES) EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
DIELDRIN	SAMPLE MEASUREMENT	*****	*****	****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
HEPTACHLOR	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
HEPTACHLOR EPOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
PCB-1221 (AROCHLOR 1221)	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24

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PARAMETER	$\overline{}$	(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
PCB-1232	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0		0	01/30	24
(AROCHLOR 1232) EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
PCB-1242 (AROCHLOR 1242)	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
PCB-1248 (AROCHLOR 1248)	SAMPLE MEASUREMENT	*****	****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
PCB-1254 (AROCHLOR 1254)	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
PCB-1260	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
(AROCHLOR 1260) EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0		0	01/30	24
BIPHENYLS (PCBS) EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
HEXACHLOROBENZENE	SAMPLE MEASUREMENT	*****	*****	******	0	*****	0	-	0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
		•			•	•		-	•	•	Page 4 of 6

PARAMETER	\searrow	(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	.OADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
CHLORDANE, GAMMA, WHOLE WATER	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0		0	01/30	24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ng/L		ONCE / MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	286.1	438.9	(03)	*****	*****	*****	******	0	99 / 99	RC
PLANT EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVG	REPORT DAILY MX	mgd	*****	*****	*****			CONTIN- UOUS	RCORDR
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	38	*****	117	(28)	0	03 / 01	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		456 MO AVG	*****	631 DAILY MX	ug/L		THREE / DAY	GRAB
MERCURY, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	0.0119	*****	0.0214	(28)	0	04/30	24
(AS HG) EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L		ONCE / MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	N/A			(13)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		Monthly GeoMean	200 WKLY MN	400 DAILY MX	#/100ML		THREE / DAY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	71	(13)	0	03/01	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	14000 WKLY MN	14000 DAILY MX	#/100ML		THREE / DAY	GRAB
CYANIDE, TOTAL	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	0	(28)	0	02/30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L		ONCE / MONTH	GRAB

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PARAMETER	$\overline{}$	(3 Card Only) QL (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
	SAMPLE MEASUREMENT	*****	*****	*****	35	*****	43	(28)	0	02/30	GR
ORGANICS (EPA 624) EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L		ONCE / MONTH	GRAB
CBOD5 / NH3-N	SAMPLE MEASUREMENT	*****	*****	*****	147	162	244	(19)	0	01 / 01	24
INFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	mg/L		DAILY	COMP24
CBOD5 / NH3-N	SAMPLE MEASUREMENT	*****	****	******	10	11	24	(19)	0	01 / 01	24
EFFLUENT	PERMIT REQUIREMENT	*****	****		25 MO AVG	40 WKLY AVG	REPORT DAILY MX	mg/L		DAILY	COMP24
FLOW,TOTAL	SAMPLE MEASUREMENT	327.1	269.5	(03)	*****	*****	****	******	0	99 / 99	CA
EFFLUENT	PERMIT REQUIREMENT	436 MO AVG	REPORT DAILY MX	mgd	*****	*****	*****			CONTIN- UOUS	RCORDR
NAME / TITLE PRINC OFFIC		THE INFORMA	TION SUBMITTED	HEREIN; AND B	BASED ON MY INC	QUIRY OF THOSE		Coo original	form to-	TELEPHONE	DATE
Richard Trubia Field Ope		INFORMATION IS	RESPONSIBLE FO TRUE, ACCURAT R SUBMITTING FA	E AND COMPLE	TE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	See original signat		(617)788-4704	10/15/2000

Page 6 of 6

DEER ISLAND TREATMENT PLANT

PERMITTEE NAME / AD											
	DRESS				GE ELIMINATI		. ,	MAJC			
NAME MWRA	2200			DISCHARG		· · · ·	1	(SUBF	,		
	TOWN NAVY	MA01	03284			TO	1 T	F - FI	NAL		
YARD		PERMIT	NUMBER			DISCHARG	E NUMBER	TUNN	IEL WE	T DATA	
100 FIRS	ΓAVE			MONITORI	NG PERIOD			Ţ			
BOSTON	MA 02129		FROM		1	то		*** NC	DISCH	HARGE 🛄 ***	
FACILITY MWRA		YEAR	MO	DAY	YEAR	MO	DAY	1			
LOCATION BOSTON	MA 02129	00	10	01	00	10	31	1			
ATTN: RICHARD TRUB	IANO		ł		•	• • •		4			
	\smallsetminus	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING	i	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\mid \times	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
NOEL STAT 7DAY	SAMPLE MEASUREMENT	*****	*****	******	50	*****	*****	(23)	0	01/30	24
CHR Menidia	PERMIT	*****	*****	*******	1.5	*****	*****	%			0011001
EFFLUENT	REQUIREMENT	*****	*****		DAILY MN	*****	*****	PERCENT		ONCE / MONTH	COMP24
NOEL STAT 1 HR	SAMPLE	*****	*****		50	*****	*****	(23)		01/30	24
FERT. CHR	MEASUREMENT			*******				% U ONCE / MONTH			24
Arbacia	PERMIT	*****	*****		1.5	*****	*****	PERCENT ONCE / MONTH (23) 0 01/30 % 0 01/30			COMP24
EFFLUENT	REQUIREMENT				DAILY MN						00111 21
STATRE LC50 48HR ACU Menidia	SAMPLE MEASUREMENT	*****	*****	****	65.6	*****	*****				24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		50 DAILY MN	*****	*****	%		ONCE / MONTH	COMP24
P/F STAT 48HR	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	(23)	0	01/30	24
ACU MYSIDOPSIS BAHIA EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	50 DAILY MN	*****	*****	% PERCENT		ONCE / MONTH	COMP24
	REGOREMENT							FERGENI			
								-			
								-			
NAME / TITLE PRINC		THE INFORMA	TION SUBMITTED	HEREIN; AND	E PERSONALLY EX BASED ON MY INC	QUIRY OF THOSE	INDIVIDUALS	See original	form for	TELEPHONE	DATE
Richard Trubia Field Ope	,	 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 original signat		(617)788-4704	10/15/2000

COTTAGE FARM CSO

							-				
	PERMITTEE NAME / ADD	RESS				GE ELIMINATIO		()	MINOR		
	NAME MWRA ADDRESS CHARLEST YARD	OWN NAVY	MA010 PERMIT N)3284			C	GE NUMBER	(SUBR E) F - FINAL CSO 201- MON	ITHLY <u>& Q</u> UARTE	ERLY
	100 FIRST BOSTON M				MONITORI	NG PERIOD			*** NO DISCHA	.RGF ***	
	FACILITY MWRA	02120		FROM			ТО				
	LOCATION BOSTON N	IA 02129	YEAR	MO	DAY	YEAR	MO	DAY			
	ATTN: RICHARD TRUBIA		00	10	01	00	10	31			
_											-
		\sim	(3 Card Only) QU	JANTITY OR I	LOADING	(4 Card Only)	QUANTITY	OR LOADING	NO. EX	FREQUENCY OF	SAMF
	PARAMETER	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		ANALYSIS	

	$\overline{}$	(3 Card Only) Q	JANTITY OR I	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	$/$ \setminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW RATE	SAMPLE MEASUREMENT	1639	1639	GALLONS	*****	*****	*****	******	0	01/DS	CA
EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION	SAMPLE MEASUREMENT	270	270	MINUTES	*****	*****	*****	*******	0	01/DS	CONTINUOUS
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	WINDLES	*****	*****	*****			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	*****	86.3	86.3	(19)	0	01/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	6.8	(12)	0	01/30	GRAB
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	*****	79	79	(19)	0	01/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.09	1.03	INCHES	*****	*****	*****	******	0	01/30	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	/DAY	*****	*****	*****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	26.55	26.55	(03)	*****	*****	*****	******	0	99/99	ТМ
PLANT EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS Page 1 of 3

COTTAGE FARM CSO

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129

ATTN: RICHARD TRUBIANO

MA01	03284			C	01 A
PERMIT I	NUMBER			DISCHARC	SE NUMBER
		MONITORIN	IG PERIOD		
	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY

01

10

00

F - FINAL CSO 201 - MONTHLY & QUARTERLY

MINOR

31

(SUBR E)

*** NO DISCHARGE ***

PARAMETER	$\overline{}$	(3 Card Only) Q (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
CHLORINE, TOTAL	SAMPLE MEASUREMENT	****	****	*****	0.45	*****	0.45	(19)	0*	01/DS	GRAB
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	*******	0.1 MO AVG	*****	.25 (mx.hourly)	mg/L		ONCE/ DSCHRG	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	5500	*****	5500	(13)	0*	01/DS	GRAB
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	#/100ML		FOUR/ YEAR	GRAB
PRECIPITATION,	SAMPLE MEASUREMENT		Q	(03)	*****	*****	*****	*******			
VOLUME EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	mgd	*****	*****	*****			ALL EVENTS	CONTINUOUS

* - EXCUSED PERMIT LIMIT EXCEEDANCE UNTIL FACILITY IS IN FULL OPERATION

Q-CANNOT QUANTIFY RAINFALL VOLUME

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS	NATIONA	L POLLUTAN	MINOR				
NAME MWRA		G REPORT (/	(SUBR E)			
ADDRESS CHARLESTOWN NAVY	MA01	MA0103284 C01 A				01 A	F - FINAL
YARD	PERMIT I	NUMBER			DISCHARC	GE NUMBER	CSO 201 - MONTHLY & QUARTERLY
100 FIRST AVE							
BOSTON MA 02129			MONITORIN	IG PERIOD			*** NO DISCHARGE
FACILITY MWRA			ТО				
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY	
ATTN: RICHARD TRUBIANO	00	10	01	00	10	31	

PARAMETER	$\overline{}$	(3 Card Only) QL (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			()
MYSID. BAHIA EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I H THE INFORMATION SUBMITTED HEREIN; AI IMMEDIATELY RESPONSIBLE FOR OBTAIN				HEREIN; AND B	BASED ON MY INC	QUIRY OF THOSE	E INDIVIDUALS	See original	form for	TELEPHONE	DATE
Richard Trubiar Field Oper		INFORMATION IS	RESPONSIBLE FO TRUE, ACCURAT R SUBMITTING FA	E AND COMPLE	TE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT			(617)788-4704	10/15/2000

9-NO SAMPLING CONDUCTED THIS MONTH

PRISON POINT CSO

				111001		•				
PERMITTEE NAME / ADDR	ESS				GE ELIMINATIO		1 /	MINOR		
NAME MWRA		001	OBER 2000 - I	DISCHARGE		REPORT	(DMR)	(SUBR E)		
ADDRESS CHARLESTO	WN NAVY	MA01	103284			C03 A		F - FINAL		
YARD		PERMIT NUMBER			DISCHARGE NUMBER		CSO 203 - MONTHLY & QUARTERLY		ERLY	
100 FIRST AV	/E									
BOSTON MA		MONITORING PERIOD						*** NO DISCHARGE ***		
FACILITY MWRA		FROM				то				
LOCATION BOSTON MA	02129	YEAR	MO	DAY	YEAR	MO	DAY			
ATTN: RICHARD TRUBIAN	10	00	10	01	00	10	31			
DADAMETED	\smallsetminus \checkmark	(3 Card Only) Q	UANTITY OR I	LOADING	(4 Card Only)	QUANTITY	Y OR LOADING	NO. EX	FREQUENCY OF	SAMP
PARAMETER	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		ANALYSIS	

	\sim	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW RATE	SAMPLE MEASUREMENT	910	910	GALLONS	*****	*****	*****	******	0	01/DS	CA
EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION	SAMPLE MEASUREMENT	162.6	165	MINUTES	*****	*****	*****	******	0	01/DS	CONTINUOUS
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	WIINUTES	*****	*****	*****			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*******	*****	44	44	(19)	0	01/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	*******	6.9	*****	7.3	(12)	0	01/30	GRAB
EFFLUENT	PERMIT REQUIREMENT	*****	*****		6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*******	*****	133	225	(19)	0	01/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.09	1.03	INCHES	*****	*****	****	******	0	99/99	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	/DAY	*****	*****	*****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	8.875	9.012	(03)	*****	*****	*****	*****	0	99/99	ТМ
PLANT EFFLUENT 8-UNDERGOING FACILITY UPGF	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS Page 1 of 3

8-UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

Page 1 of 3

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129

ATTN: RICHARD TRUBIANO

MA0103284		
PERMIT NUMBER		
	_	
	MONITORIN	IG PERIOD

MINOR (SUBR E) F - FINAL DISCHARGE NUMBER

C03 A

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE

MONITORING PERIOD									
	FROM			то					
YEAR	MO	DAY	YEAR	MO	DAY				
00	10	01	00	10	31				

SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) MINIMUM AVERAGE AVERAGE MAXIMUM UNITS MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (19) ***** ***** ***** CHLORINE, TOTAL 0* 1.47 2.95 01/DS GRAB MEASUREMENT RESIDUAL ****** .25 PERMIT 0.1 ONCE/ EFFLUENT ***** ***** ***** GRAB REQUIREMENT MO AVG (mx.hourly) DSCHRG mg/L SAMPLE (13) COLIFORM, FECAL ***** ***** ***** 280 GRAB 275 0 01/30 MEASUREMENT GENERAL ******* REPORT REPORT PERMIT ***** ***** ***** FOUR/ YEAR EFFLUENT GRAB REQUIREMENT MO AVG DAILY MX #/100ML SAMPLE (03) ***** ***** ***** Q PRECIPITATION. MEASUREMENT ****** VOLUME EFFLUENT PERMIT REPORT REPORT ***** ***** ***** CONTINUOUS ALL EVENTS REQUIREMENT AVERAGE mgd MAXIMUM

* - EXCUSED PERMIT LIMIT EXCEEDANCE UNTIL FACILITY IS IN FULL OPERATION

Q-CANNOT QUANTIFY RAINFALL VOLUME

Page 2 of 3

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 C03 A ADDRESS CHARLESTOWN NAVY F - FINAL PERMIT NUMBER DISCHARGE NUMBER YARD CSO 203- MONTHLY & QUARTERLY 100 FIRST AVE MONITORING PERIOD *** NO DISCHARGE *** BOSTON MA 02129 FROM ΤО FACILITY MWRA YEAR MO DAY YEAR MO DAY LOCATION BOSTON MA 02129 00 10 01 00 10 31 ATTN: RICHARD TRUBIANO (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF (3 Card Only) **QUANTITY OR LOADING** PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37)

(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			24
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****			*****	*****	(23)			24
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
								-			
								-			
								-			
NAME / TITLE PRINCI OFFICE		THE INFORMA	R PENALTY OF LAV TION SUBMITTED	HEREIN; AND E	See original	form for	TELEPHONE	DATE			
	Richard Trubiano, Director Field Operations		IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICAN PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						ire	(617)788-4704	10/15/2000

9-NO SAMPLING CONDUCTED THIS MONTH

SAMPLE TYPE

SOMERVILLE MARGINAL CSO

PERMITTEE	NAME / ADDRESS					ION SYSTEM	()	MINOR
NAME MWRA ADDRESS CHARLESTOWN NAVY YARD		OCT MA010 PERMIT I	03284	- DISCHARGE MONITORING REPORT (DMR) C05 DISCHARGE NUMBER				(SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY
	100 FIRST AVE BOSTON MA 02129			MONITORI	NG PERIOD			*** NO DISCHARGE
FACILITY	MWRA	FROM TO						
LOCATION	BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY	
	IARD TRUBIANO	00	10	01	00	10	31	
	N				(4.0			

PARAMETER	\smallsetminus	(3 Card Only) Q	JANTITY OR I	OADING	(4 Card Only) QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW RATE	SAMPLE MEASUREMENT	108	245	GALLONS	*****	*****	*****	******	0	01/DS	CA
EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION	SAMPLE MEASUREMENT	133	265	MINUTES	*****	*****	*****	*******	0	01/DS	99/99
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	WINDLES	*****	*****	*****			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	******	*****	11.4	11.4	(19)	0	01/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	******	7.1	*****	8.2	(12)	0	04/30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		6.5 DAILY MN	*****	8.5 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	******	*****	41	68	(19)	0	04/30	COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.09	1.03	INCHES		*****		******	0	99/99	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	/DAY	*****	*****	*****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.368	3.897	(03)		*****		******	0	99/99	ТМ
PLANT EFFLUENT 8-UNDERGOING FACILITY UPGE	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS

8-UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

Page 1 of 3

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129

ATTN: RICHARD TRUBIANO

OCTOBER 2000 - [DISCHARGE MONITORIN	G REPORT (DMR)
MA0103284		C05
PERMIT NUMBER		DISCHARGE NUI

C05 DISCHARGE NUMBER (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE

MINOR

MONITORING PERIOD									
	FROM			то					
YEAR	MO	DAY	YEAR	MO	DAY				
00	10	01	00	10	31				

(3 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE (4 Card Only) **QUANTITY OR LOADING** PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM AVERAGE UNITS (62-63) (64-68) (69-70) SAMPLE (19) ***** ***** ***** CHLORINE, TOTAL 0* 4.2 5.5 01/DS GR MEASUREMENT RESIDUAL ****** .25 PERMIT 0.1 ONCE/ EFFLUENT ***** ***** ***** GRAB REQUIREMENT MO AVG DSCHRG (mx.hourly) mg/L SAMPLE (13) COLIFORM, FECAL ***** ***** ***** 196 350 0 03/30 GR MEASUREMENT GENERAL ******* PERMIT REPORT REPORT ***** ***** EFFLUENT ***** FOUR/ YEAR GRAB REQUIREMENT MO AVG DAILY MX #/100ML SAMPLE (03) ***** ***** CONTINUOUS Q PRECIPITATION, MEASUREMENT ****** VOLUME EFFLUENT PERMIT REPORT REPORT ***** ***** ***** ALL EVENTS CONTINUOUS REQUIREMENT AVERAGE MAXIMUM mgd

* - EXCUSED PERMIT LIMIT EXCEEDANCE UNTIL FACILITY IS IN FULL OPERATION

Q-CANNOT QUANTIFY RAINFALL VOLUME

Page 2 of 3

SOMERVILLE MARGINAL CSO

COF

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129

ATTN: RICHARD TRUBIANO

IVIAUT	JJZ04			C	,05
PERMIT I	NUMBER			DISCHARC	GE NUMBER
		_			
		MONITORIN	NG PERIOD		
	FROM			то	
YEAR	MO	DAY	YFAR	MO	DAY

MA0102294

MINOR (SUBR E)

F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD											
	FROM		ТО								
YEAR	MO	DAY	YEAR	MO	DAY						
00	10	01	00	10	31						

NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) MAXIMUM MINIMUM AVERAGE MAXIMUM AVERAGE UNITS UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** LC50/PF STAT 24HR AC MEASUREMENT PIMPEPHALES ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** COMP24 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT SAMPLE (23) ***** LC50/PF STAT 24HR AC ***** ***** ***** MEASUREMENT DAPHNIA ******* % PERMIT REPORT ***** ***** ***** ***** EFFLUENT SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Richard Trubiano, Director signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4704 10/15/2000 **Field Operations** IMPRISONMENT.

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA MA0103284 ADDRESS CHARLESTOWN NAVY PERMIT NUMBER YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA

(SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY

MINOR

C25

DISCHARGE NUMBER

	MONITORING PERIOD										
	FROM		ТО								
YEAR	MO	DAY	YEAR	MO	DAY						
00	10	00	10	31							

*** NO DISCHARGE X ***

PARAMETER	$\overline{}$	(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW RATE	SAMPLE MEASUREMENT			GALLONS	*****	*****	*****	******			CONTINUOUS
EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION	SAMPLE MEASUREMENT				*****	*****	*****	******		01/DS	99/99
EFFLUENT	PERMIT REQUIREMENT					A*R	GE			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	******	*****			(19)			COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	******		*****		(12)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	******	*****			(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			INCHES		*****		******		01/DS	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	/DAY	*****	*****	*****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)		*****		******		01/DS	ТМ
PLANT EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****	*******		CONTINUOUS	CONTINUOUS
8-UNDERGOING FACILITY UPGR	RADE			-							Page 1 of 3

8-UNDERGOING FACILITY UPGRADE

LOCATION BOSTON MA 02129 ATTN: RICHARD TRUBIANO

9-NO SAMPLING CONDUCTED THIS MONTH

Page 1 of 3

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)	
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PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD	OCT MA01	AL POLLUTAN OBER 2000 - I 03284 NUMBER			g report (e C	. ,	(SUB F - FI	MINOR (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY			
100 FIRST AVE BOSTON MA 02129 FACILITY MWRA		FROM			TO		*** N	O DISC	HARGE X ***		
LOCATION BOSTON MA 02129	YEAR 00	MO 10	DAY 01	YEAR 00	MO 10	DAY 31					
						-		1 -			
PARAMETER	(3 Card Only) Q (46-53)	UANTITY OR I (54-61)	LOADING	(4 Card Only) (38-45)) QUANTITY ((46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE	
(32-37)	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70	

	\mid \succ	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	******		*****		(19)			GR
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.1 MO AVG	*****	.25 (mx.hourly)	mg/L		ONCE/ DSCHRG	GRAB
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	******		*****		(13)			GR
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	#/100ML		FOUR/ YEAR	GRAB
PRECIPITATION,	SAMPLE MEASUREMENT			IC	CH			******			
VOLUME EFFLUENT	PERMIT REQUIREMENT	FEP RI AVERAGE		mgd	***	**	GL			ALL EVENTS	CONTINUOUS
								-			
								-			
-UNDERGOING FACILITY UPG	RADE		<u> </u>	<u> </u>				ļ			Page 2 of 3

9-NO SAMPLING CONDUCTED THIS MONTH

Page 2 of 3

SAMPLE TYPE

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA

LOCATION BOSTON MA 02129 ATTN: RICHARD TRUBIANO

MA0103284
PERMIT NUMBER

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR) C25 DISCHARGE NUMBER

(SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MINOR

	MONITORING PERIOD											
	FROM		ТО									
YEAR	MO	DAY	YEAR	MO	DAY							
00	10	01	00	10	31							

(4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM MINIMUM AVERAGE MAXIMUM UNITS UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** LC50/PF STAT 24HR AC MEASUREMENT PIMPEPHALES ****** % PERMIT REPORT EFFLUENT ***** ***** ***** ***** SEMI / ANNUAL COMP24 REQUIREMENT YNN PERCENT SAMPLE (23) ** LC50/PF STAT 24HR AC MEASUREMENT DAPHNIA % PERMIT REPORT ***** ***** ***** ***** EFFLUENT COMP24 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Richard Trubiano, Director signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4704 10/15/2000 **Field Operations** IMPRISONMENT.

9-NO SAMPLING CONDUCTED THIS MONTH

CONSTITUTION BEACH CSO

						1030					
PERMITTEE NAME / ADD	RESS	NATIONA	L POLLUTAN	T DISCHARG	E ELIMINATI	ON SYSTEM	(NPDES)	MINOR			
NAME MWRA		OCT	OBER 2000 - I	DISCHARGE	MONITORIN	G REPORT (I	DMR)	(SUBR			
ADDRESS CHARLEST	OWN NAVY	MA01	03284			CC	07 A	F - FINA	,		
YARD	-	PERMIT	NUMBER			DISCHARC	GE NUMBER	CSO 20	7 - MON	THLY & QUART	ERLY
100 FIRST A	AVE										
BOSTON M	IA 02129			MONITORI	NG PERIOD			*** NO DISCHARGE X ***			
FACILITY MWRA			FROM			то					
LOCATION BOSTON M	IA 02129	YEAR	MO	DAY	YEAR	MO	DAY				
ATTN: RICHARD TRUBIA	NO	00	10	01	00	10	31				
i	<	1			T						
PARAMETER	\smallsetminus		UANTITY OR I	LOADING	· ·	,	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
	SAMPLE				*****	*****	*****				
FLOW RATE	MEASUREMENT			GALLONS				******			
EFFLUENT	PERMIT	REPORT	REPORT	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
	REQUIREMENT	MO AVE	DAILY MX							/	
	SAMPLE				*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT			MINUTES				*******			
EFFLUENT	PERMIT	REPORT	REPORT		*****	*****	*****			ALL EVENTS	CONTINUOUS
	REQUIREMENT	AVERAGE	MAXIMUM							_	
BOD, 5 - DAY	SAMPLE	***	****		** **		CC				
(20 DEG. C)				******						50110/	
EFFLUENT	REQUIREMENT	*****	*****		*****					FOUR/	COMPOS
	SAMPLE					AVERAGE	MAXIMUM	mg/L (12)		YEAR	
PH	MEASUREMENT	*****	*****			*****		(12)			
EFFLUENT	PERMIT			******	6.5		8.3			FOUR/	
	REQUIREMENT	*****	*****		DAILY MN	*****	DAILY MX	SU		YEAR	GRAB
	SAMPLE							(19)		ILAR	
SOLIDS TOTAL		*****	*****		*****			(13)			

REPORT

AVERAGE

REPORT

MAXIMUM

mg/L

INCHES

/DAY

(03)

mgd

REPORT

AVERAGE

REPORT

MO AVE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

REPORT

MAXIMUM

REPORT

DAILY MX

SOLIDS, TOTAL

SUSPENDED

EFFLUENT

RAINFALL

EFFLUENT

PLANT

EFFLUENT

FLOW, IN CONDUIT OR

THRU TREATMENT

Page 1 of 3

CONTINUOUS CONTINUOUS

COMPOS

CONTINUOUS

FOUR/

YEAR

ALL

EVENTS

CONSTITUTION BEACH CSO

				NSIIIOI	ION BEACH	1050					
PERMITTEE NAME / ADD	RESS	NATIONA	L POLLUTAN	T DISCHARC	GE ELIMINATI	ON SYSTEM	(NPDES)	MINC	DR		
NAME MWRA		OCT	OBER 2000 - I	DISCHARGE	MONITORIN	G REPORT (DMR)	(SUE			
	OWN NAVY	MA01	03284			C	07 A	F - F	,		
YARD	••••••	PERMIT	NUMBER			DISCHARC	GE NUMBER	T		IONTHLY & QUA	RTERLY
100 FIRST	AVE							-			
BOSTON M	/A 02129			MONITORING PERIOD					*** NO DISCHARGE X ***		
FACILITY MWRA			FROM			то					
LOCATION BOSTON M	/A 02129	YEAR	MO	DAY	YEAR	MO	DAY				
ATTN: RICHARD TRUBIA	NO	00	10	01	00	10	31	l			
	\sim	(2 Cord Only)	JANTITY OR L		(4 Card Only)		OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		(3 Card Only) G (46-53)	(54-61)		(4 Card Only) (38-45)	(46-53)	(54-61)			ANALYSIS	0, 111 22 111 2
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
	SAMPLE	-	_	UNITO		_	W/A/TWOW	(19)	(02-03)	(04-00)	(09-70)
CHLORINE, TOTAL	MEASUREMENT	*****	*****			*****		(10)			
RESIDUAL	PERMIT	*****	*****	******	0.1	*****	.25			ONCE/	
EFFLUENT	REQUIREMENT	*****	*****		MO AVG	*****	(mx.hourly)	mg/L		DSCHRG	GRAB
COLIFORM, FECAL	SAMPLE	*****	*****			*****		(13)			
GENERAL	MEASUREMENT			******							
EFFLUENT	PERMIT	*****	*****		REPORT	*****	REPORT			FOUR/ YEAR	GRAB
	REQUIREMEN				MO			# 00N		TOOR TEAR	OIGAD
	SAMPLE			(03)	***	****	***				
PRECIPITATION,	MEASUREMEN							******			
VOLUME EFFLUENT	PERMIT	REPORT	REPORT	mad	*****	*****	*****			ALL EVENTS	CONTINUOUS
	REQUIREMENT	AVERAGE	MAXIMUM	mgd							

Page 2 of 3

CONSTITUTION BEACH CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA

LOCATION BOSTON MA 02129 ATTN: RICHARD TRUBIANO

MA0103284
PERMIT NUMBER

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR) C07 A DISCHARGE NUMBER

(SUBR E) F - FINAL CSO 207 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MINOR

	MONITORING PERIOD											
	FROM		ТО									
YEAR	MO	DAY	YEAR	MO	DAY							
00	10	01	00	10	31							

NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC MEASUREMENT PIMPEPHALES ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** COMP24 1 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT SAMPLE (23) LC50/PF STAT 24HR AC ***** ***** ***** ***** MEASUREMENT DAPHNIA ******* % PERMIT REP YMN EFFLUENT 1 SEMI / ANNUAL COMP24 REQUIREMENT DA ERC NT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Richard Trubiano, Director signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4704 10/15/2000 **Field Operations** IMPRISONMENT.

FOX POINT CSO

PERMITTEE NAME / ADDRESS	NATIONA	L POLLUTAN	T DISCHAR	GE ELIMINATI	ON SYSTEM	I (NPDES)	MINOR					
NAME MWRA		OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)										
ADDRESS CHARLESTOWN NAVY		MA0103284 C09 A PERMIT NUMBER DISCHARGE NUMBER						F - FINAL				
YARD	PERMIT	NUMBER			DISCHAR	GE NUMBER	CSO 209	9 - MOI	NTHLY & QUART	ERLY		
100 FIRST AVE												
BOSTON MA 02129			MONITORI	NG PERIOD			*** NO D	DISCHA	RGE ***			
FACILITY MWRA		FROM			ТО							
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY						
ATTN: RICHARD TRUBIANO	00	10	01	00	10	31						
				•								
PARAMETER	(3 Card Only) Q	UANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE		
(32-37)	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS			
				• • • • • • • • • • •								

		OADING	(4 Gard Only		OR LOADING		NO. LA	TREQUENCT OF	SAMPLETTPL
(54-61)	\sim L		(38-45)	(46-53)	(54-61)			ANALYSIS	
E MAXIMUM	\sim	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
344	SAMPLE MEASUREMENT	GALLONS	*****	*****	*****	******	0	01/DS	CA
T REPORT E DAILY MX	PERMIT REQUIREMENT	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
99	SAMPLE MEASUREMENT	MINUTES	*****	*****	*****	******	0	01/DS	99/99
T REPORT	PERMIT REQUIREMENT	MINOTES	*****	*****	*****			ALL EVENTS	CONTINUOUS
*****	SAMPLE MEASUREMENT	*****	*****	D		(19)			
*****	PERMIT REQUIREMENT		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
*****	SAMPLE MEASUREMENT	*****	7	*****	7	(12)	0	01/DS	GR
*****	PERMIT REQUIREMENT		6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
*****	SAMPLE MEASUREMENT	*****	*****	526	526	(19)	0	01/30	COMPOS
*****	PERMIT REQUIREMENT		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
1.03	SAMPLE MEASUREMENT	INCHES/	*****	*****	*****	******	0	01/DS	RC
T REPORT	PERMIT REQUIREMENT	DAY	*****	*****	*****			ALL EVENTS	CONTINUOUS
1.6	SAMPLE MEASUREMENT	(03)	*****	*****	*****	******	0	99/99	ТМ
-	PERMIT REQUIREMENT	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS Page 1 of 3
	PERMIT	T REPORT	T REPORT	T REPORT ******	T REPORT ******	T REPORT ****** ******	T REPORT ****** ******	T REPORT ****** ******	T REPORT ****** ****** ******

FOX POINT CSO

PERMITTEE NAME / ADDRE NAME MWRA	SS	ОСТО	OBER 2000 - D		GE ELIMINATI MONITORIN	G REPORT (D	MR)	MINO (SUB			
ADDRESS CHARLESTOV YARD	VN NAVY	MA010 PERMIT N					9 A E NUMBER	F - FII CSO :		IONTHLY & QUAF	RTERLY
100 FIRST AVI BOSTON MA				MONITORI	NG PERIOD			*** NC	D DISC	HARGE ***	
FACILITY MWRA			FROM			то					
LOCATION BOSTON MA	02129	YEAR	MO	DAY	YEAR	MO	DAY				
ATTN: RICHARD TRUBIANO		00	10	01	00	10	31				
		(3 Card Only) QL			(4 Card Only)		OR LOADING		NO. EX	FREQUENCY OF	SAMPLE
PARAMETER	\searrow	(3 Card Only) QC (46-53)	(54-61)	OADING	(4 Cald Only) (38-45)	(46-53)	(54-61)		NO. EX	ANALYSIS	O/ WIT EE
(32-37)	\sim							LINITO	(00,00)	(0.4.00)	(00.70

PARAMETER	\searrow		JANTITY OR L	OADING			OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(00.00)	ANALYSIS	(00
	SAMPLE	AVERAGE	IVIAXIIVIUIVI	UNITS	IVIIINIIVIUIVI	AVERAGE	IVIAXIIVIUIVI	(19)	(62-63)	(64-68)	(69-70)
CHLORINE, TOTAL RESIDUAL	MEASUREMENT	*****	*****	******	3.68	*****	3.68	(13)	0*	01/DS	GR
EFFLUENT	PERMIT REQUIREMENT	****	****		0.1 MO AVG	*****	.25 (mx.hourly)	mg/L		ONCE/ DSCHRG	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	****	*****	30	*****	30	(13)	0	01/30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	#/100ML		FOUR/ YEAR	GRAB
PRECIPITATION,	SAMPLE MEASUREMENT	Q		(03)	*****	*****	****	******			
VOLUME EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	mgd	*****	*****	*****			ALL EVENTS	CONTINUOUS
* - EXCUSED PERMIT LIMIT EXC	L CEEDANCE UNTIL FACILITY	I (IS IN FULL OPER	ATION		1	ļ	Į	Į			Page 2 of 3

Q-CANNOT QUANTIFY RAINFALL VOLUME

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

NAME MWRA MA0103284 C09 A ADDRESS CHARLESTOWN NAVY PERMIT NUMBER DISCHARGE NUMBER YARD 100 FIRST AVE MONITORING PERIOD *** NO DISCHARGE BOSTON MA 02129 FROM то FACILITY MWRA YEAR MO DAY YEAR MO DAY LOCATION BOSTON MA 02129 00 10 01 00 10 31 ATTN: RICHARD TRUBIANO

NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) MAXIMUM MINIMUM AVERAGE MAXIMUM AVERAGE UNITS UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC MEASUREMENT PIMPEPHALES ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** COMP24 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT SAMPLE (23) ***** LC50/PF STAT 24HR AC ***** ***** ***** MEASUREMENT DAPHNIA ******* % PERMIT REPORT ***** ***** ***** ***** EFFLUENT SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Richard Trubiano, Director signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4704 10/15/2000 **Field Operations** IMPRISONMENT.

9-NO SAMPLING CONDUCTED THIS MONTH

PERMITTEE NAME / ADDRESS

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

COMMERCIAL POINT CSO

		U U			000				
PERMITTEE NAME / ADDRESS	NATIONA	L POLLUTAN	T DISCHAR	GE ELIMINAT	ION SYSTEM	I (NPDES)	MINOR		
NAME MWRA	OCTO	OBER 2000 -	DISCHARG	E MONITORIN	G REPORT ((DMR)	(SUBR E)		
ADDRESS CHARLESTOWN NAVY	MA010	03284			C	11 A	F - FINAL		
YARD	PERMIT	NUMBER			DISCHAR	GE NUMBER	CSO 211- MON	THLY & QUARTE	ERLY
100 FIRST AVE									
BOSTON MA 02129			MONITOR	ING PERIOD			*** NO DISCHA	ARGE ***	
FACILITY MWRA		FROM			то				
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY			
ATTN: RICHARD TRUBIANO	00	10	01	00	10	31			
	(3 Card Only) QL	JANTITY OR	LOADING	(4 Card Only) QUANTITY	OR LOADING	NO. EX	FREQUENCY OF	SAMF
PARAMETER	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		ANALYSIS	

PARAMETER	\smallsetminus	(3 Card Only) Q	JANTITY OR I	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	> $>$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
FLOW RATE	SAMPLE MEASUREMENT	108	245	GALLONS	*****	*****	*****	******	0	01/DS	CA
EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	/HOUR	*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION	SAMPLE MEASUREMENT	133	265	MINUTES	*****	*****	*****	******	0	01/DS	99/99
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	MINUTES	*****	****	****			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	****	******	*****	9		(19)			COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	******	9	*****		(12)			GRAB
EFFLUENT	PERMIT REQUIREMENT	*****	*****		6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	******	*****	9		(19)			COMPOS
EFFLUENT	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.09	1.03	INCHES/	*****	*****	****	******	0	01/DS	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	DAY	*****	*****	****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	13.27	14.75	(03)		*****		******	0	99/99	ТМ
PLANT EFFLUENT	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS NAME MWRA				GE ELIMINATI E MONITORIN		· /	MINOR (SUBR E)		
ADDRESS CHARLESTOWN NAVY	MA01	03284			C	11 A	F - FINAL		
YARD	PERMIT	NUMBER			DISCHAR	GE NUMBER	CSO 211 - M	IONTHLY & QUAF	RTERLY
100 FIRST AVE						r			
BOSTON MA 02129			MONITOR	ING PERIOD			*** NO DISC	HARGE 🛄 ***	
FACILITY MWRA		FROM			то				
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY			
ATTN: RICHARD TRUBIANO	00	10	01	00	10	31			
	(3 Card Only) Q	UANTITY OR	LOADING	(4 Card Only)	QUANTITY	OR LOADING	NO. EX	FREQUENCY OF	SAMPLE
PARAMETER	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		ANALYSIS	

′ OF SAMPLE TYPE ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (19) CHLORINE, TOTAL ***** ***** ***** 9 MEASUREMENT ****** RESIDUAL PERMIT 0.1 .25 ONCE/ ***** ***** ***** EFFLUENT GRAB REQUIREMENT MO AVG (mx.hourly) mg/L DSCHRG SAMPLE (13) ***** COLIFORM, FECAL ***** ***** 9 MEASUREMENT GENERAL ******* PERMIT REPORT REPORT ***** ***** ***** EFFLUENT FOUR/ YEAR GRAB REQUIREMENT MO AVG DAILY MX #/100ML SAMPLE (03) ***** ***** ***** Q PRECIPITATION, MEASUREMENT ****** VOLUME EFFLUENT PERMIT REPORT REPORT ***** ***** ***** ALL EVENTS CONTINUOUS REQUIREMENT mgd AVERAGE MAXIMUM 9-NO SAMPLING CONDUCTED THIS MONTH

Q-CANNOT QUANTIFY RAINFALL VOLUME

Page 2 of 3

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129

ATTN: RICHARD TRUBIANO

MA0103284	
PERMIT NUMBER	
	_

C11 A DISCHARGE NUMBER (SUBR E) F - FINAL CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM			то					
YEAR	MO	DAY	YEAR	MO	DAY				
00	10	01	00	10	31				

*** NO DISCHARGE ***

MINOR

	\smallsetminus	(3 Card Only) QL	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC U CERICDAPHNIA	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	****	70 PERCENT		SEMI / ANNUAL	COMP24
								1			
NAME / TITLE PRINCI OFFICE		THE INFORMA	TION SUBMITTED	HEREIN; AND E	BASED ON MY INC	QUIRY OF THOSE		See original	form for	TELEPHONE	DATE
Richard Trubiar Field Oper		INFORMATION IS	RESPONSIBLE F TRUE, ACCURAT R SUBMITTING F	E AND COMPLE	TE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	see original signatu		(617)788-4704	10/15/2000
9-NO SAMPLING CONDUCTED T		1									Page 3 of 3

9-NO SAMPLING CONDUCTED THIS MONTH