COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284
PERMIT NUMBER

YEAR

2001

FROM

MO

C01 A

DISCHARGE NUMBER

DAY

30

TO

MO

MINOR (SUBR E) F - FINAL

CSO 201- MONTHLY & QUARTERLY

*** NO DISCHARGE

X	

PARAMETER		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	.OADING	(4 Card Only (38-45)) QUALITY C (46-53)	OR CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	$\!$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) inches	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	****	***		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES	S)
ADDII 2004 DISCHARCE MONITORING REPORT (DMD)	

MA0103284 C01 A
PERMIT NUMBER DISCHARGE MONITORING REPORT (DMR)

On the second second

(SUBR E) F - FINAL CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MINOR

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2001	4	1	2001	4	30					

		` ,	JANTITY OR L	OADING	(4 Card Only	,	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)	ı		ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) hours	*****	*****	*****	****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	*****			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)	
ADDU ASSA DISSULADOF MONUTODINO DEDOCT (DMD)	

AI RIE 2001 - DISCHARGE MONTORING REFORT (DMR)									
MA0103284		C01 A							
PERMIT NUMBER		DISCHARGE NUMBER							
	·								

YEAR

2001

TO

DAY

30

МО

4

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 201 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI	JANTITY OR L	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)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
MYSID. BAHIA EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
								1			
								†			
NAME / TITLE PRINCI OFFICE		THE INFORMA	TION SUBMITTED	HEREIN; AND	E PERSONALLY EXAMINED AND AM FAMILIAR WITH BASED ON MY INQUIRY OF THOSE INDIVIDUALS			See original	form for	TELEPHONE	DATE
	Michael J. Hornbrook			IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED NFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.					ure	(617)788-4359	5/15/2001
9-NO SAMPLING CONDUCTED T	THIS MONTH	l .						L			Page 3 of 3

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

YEAR

2001

FROM

MO

4

C03 A
DISCHARGE NUMBER

DAY

30

TO

МО

MINOR (SUBR E) F - FINAL

 ${\sf CSO~203-MONTHL}\underline{Y~\&~Q} {\sf UARTERLY}$

*** NO DISCHARGE	Х	*
------------------	---	---

PARAMETER		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only	QUALITY C	R CONCENTE	RATION	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)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	***		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) inches	*****	*****	****	******			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{*-}UNDERGOING FACILITY UPGRADE

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE	S
NATIONAL DOLLLITANT DISCUADOS SUMINATION SYSTEM (NODE	-

AFRIL 2001 - DIC	CHARGE MONITORING	KEFOKT (DIVIK)
MA0103284		C03 A
PERMIT NUMBER		DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR MO DAY						
2001	1	1	2001	1	30				

		(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only	QUALITY O	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\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)
COLIFORM, FECAL	SAMPLE	*****	*****			*****		(13)			
GENERAL	MEASUREMENT			*****				#/100mL			
EFFLUENT	PERMIT	*****	*****		REPORT	*****	REPORT	#/ TOOTTIL		FOUR/YEAR	GRAB
EFFLOEINI	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		FOUR/TEAR	GRAD
	SAMPLE	*****	С	(93)	*****	*****	*****				
BYPASS OF	MEASUREMENT		C					******			
TREATMENT	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						ALL EVENTS	OCCURS
	SAMPLE	*****	С	(79)	*****	*****	*****				
DURATION OF	MEASUREMENT		C					******			
DISCHARGE	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		CIVIESTED	hours/day						ALL EVENTS	OCCORS
	SAMPLE	*****		(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT			hours				******			
EFFLUENT	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		CIVILOTED	hours						ALL LVLINIS	OCCONS
	SAMPLE	*****		(93)	*****	*****	*****				
DISCHARGE EVENT	MEASUREMENT			occur/mon				******			
OBSERVATION	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						ALLEVENTO	0000110
								ļ			

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

CHARLESTOWN NAVY YARD ADDRESS

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

AI NIL 2001 DI	OUT AND MOUNT OF MILE	ILLI OILI (DIIIIL)
MA0103284		C03 A
PERMIT NUMBER		DISCHARGE NUMBER
	_	

YEAR

2000

TO

DAY

30

МО

4

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

MINOR (SUBR E) È - FINAL

CSO 203- MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

DADAMETED		(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
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)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
PIMPEPHALES PERMIT EFFLUENT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24	
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
								†			
								†			
NAME / TITLE PRINCI OFFICE		THE INFORMA	R PENALTY OF LA	HEREIN; AND	BASED ON MY IN	QUIRY OF THOSE	E INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THE PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIMPRISONMENT.					RE SIGNIFICANT	signati		(617)788-4359	5/15/2001

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C05
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

	MONITORING PERIOD										
FROM TO											
YEAR	MO	DAY	YEAR MO DAY								
2001	4	1	2001	4	30						

PARAMETER		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only	QUALITY C	OR CONCENTE	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	*****	***		*****		(19)	(62 66)	(0.00)	(60 76)
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	****		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) inches	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	*****			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

^{*-}UNDERGOING FACILITY UPGRADE

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
ADDII 2004 DISCHARGE MONITORING REDORT (DMR)

AF INIL 2001 - DIG	AI KIE 2001 - DISCHARGE MONITORING KEI OKT (DMK)								
MA0103284		C05							
PERMIT NUMBER		DISCHARGE NUMBER							

	MONITORING PERIOD									
FROM TO										
YEAR	MO	DAY	YEAR MO DAY							
2001	4	1	2001	4	30					

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

1		(3 Card Only) Q (46-53)	UANTITY OR L	OADING	(4 Card Only) QUALITY O	R CONCENTE	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
'		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	******		*****		(13)	(02 00)	(0.00)	(66.76)
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) hours	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	*****			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
										·	

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES	S
APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)	

MA0103284 C05
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2001

TO

MO

4

DAY

30

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		(JANTITY OR L	OADING	()	,	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)	LINUTO	(38-45)	(46-53)	(54-61)	l	_	ANALYSIS	
, ,		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****				(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
DAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI OFFICE		THE INFORMA	R PENALTY OF LA TION SUBMITTED RESPONSIBLE FO	HEREIN; AND	BASED ON MY IN	QUIRY OF THOS		See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operatir		INFORMATION IS		E AND COMPL LSE INFORMA	ETE. I AM AWAR	E THAT THERE A	ARE SIGNIFICANT	signati		(617)788-4359	5/15/2001
9-NO SAMPLING CONDUCTED T	THIC MONTH	L								l l	Page 3 of 3

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER ON SYSTEM (NPDES)

IEPORT (DMR)

C25

DISCHARGE NUMBER

MINOR
(SUBR E)

F - FINAL

CSO 205 - MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD							
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	4	1	2001	4	30					

PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	.OADING	(4 Card Only (38-45)) QUALITY C (46-53)	OR CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	****		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) INCHES	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	*****			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03) MGD	*****	*****	****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

AFRIL 2001 - Dic	CHARGE MONTORING	KEPOKI (DMIK)
MA0103284		C25
PERMIT NUMBER		DISCHARGE NUMBER

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

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	12.11									

		` ,	UANTITY OR L	OADING	(4 Card Only	,	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)	1	(38-45)	(46-53)	(54-61)	ı		ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	****	****	*****		_	
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) HOURS	*****	*****	*****	****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) OCC/MON	*****	*****	*****	*****			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
											<u> </u>

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

YEAR

2001

MA0103284
PERMIT NUMBER

FROM

YEAR

2001

MO

4

MINOR (SUBR E) F - FINAL

C25

DISCHARGE NUMBER

DAY

30

TO

MO

4

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI		OADING	(4 Card Only	,	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	(62-63)	ANALYSIS (64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******		7.1.2.1.0.2		(23)	(02-00)	(04 00)	(03-70)
PIMPEPHALES EFFLUENT	PERMIT REQUIREMENT	*****	*****	*******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI OFFICE		THE INFORMA	R PENALTY OF LA TION SUBMITTED RESPONSIBLE FO	HEREIN; AND	BASED ON MY INC	QUIRY OF THOSE		See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		INFORMATION IS	TRUE, ACCURAT R SUBMITTING FA	E AND COMPLIALSE INFORMA	ETE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	signatu		(617)788-4359	5/15/2001

FOX POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

YEAR

2001

FROM

MO

C09 A
DISCHARGE NUMBER

DAY

30

TO

МО

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only (38-45)) QUALITY C	R CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***		*****		(12)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
SUSPENDED EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) inches	*****	*****	****	******			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	****	·		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

FOX POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

APRIL 2001 - DIS	CHARGE WONITORING	REPORT (DINK)
MA0103284		C09 A
PERMIT NUMBER		DISCHARGE NUMBER
	:	

MINOR (SUBR E) F - FINAL CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2001	4	1	2001	4	30				

			JANTITY OR I	OADING	(4 Card Only	,	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)	1	(38-45)	(46-53)	(54-61)	1		ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) hours	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	******			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
										·	<u> </u>

FOX POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A DISCHARGE NUMBER PERMIT NUMBER

YEAR

2001

TO

DAY

30

МО

4

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

MINOR (SUBR E) È - FINAL

CSO 209 - MONTHLY & QUARTERLY

DADAMETED		(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only		NO. EX	FREQUENCY OF	SAMPLE TYPE		
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)		1	ANALYSIS	
(32-37)	//	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT DAILY MN	*****	****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****			REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
								<u> </u>			
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		THE INFORMA	R PENALTY OF LA	HEREIN; AND	BASED ON MY IN	QUIRY OF THOSE	E INDIVIDUALS		f f-	TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer		INFORMATION IS	RESPONSIBLE FO TRUE, ACCURAT R SUBMITTING FA	E AND COMPL LSE INFORMA	ETE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	See original signatu		(617)788-4359	5/15/2001

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284
PERMIT NUMBER

YEAR

2001

FROM

MO

C11 A
DISCHARGE NUMBER

DAY

30

TO

МО

MINOR (SUBR E) F - FINAL

CSO 211- MONTHLY & QUARTERLY

DADAMETED		(3 Card Only) QI	JANTITY OR L	OADING.	(4 Card Only	QUALITY C	R CONCENTR	NO. EX	FREQUENCY OF	SAMPLE TYPE	
PARAMETER	\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)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61) inches	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)									
MA0103284		C11 A							
PERMIT NUMBER		DISCHARGE NUMBER							
	•								

YEAR

2001

TO MO

4

DAY

30

MINOR (SUBR E) F - FINAL

CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE χ '	* *
----------------------	-----

1		(3 Card Only) Q I (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$\!$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) hours hours	*****	*****	*****	****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	****			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
											·

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2001

TO

DAY

30

МО

4

MONITORING PERIOD

DAY

1

FROM

MO

4

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 211 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI	JANTITY OR L	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)
LC50/PF STAT 24HR AC U CERICDAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
								1			
								†			
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		THE INFORMA	R PENALTY OF LA TION SUBMITTED RESPONSIBLE FO	HEREIN; AND	BASED ON MY IN	QUIRY OF THOS		See original	form for	TELEPHONE	DATE
Michael F. Hornbrook Chief Operating Officer		INFORMATION IS		E AND COMPLIALSE INFORMA	ETE. I AM AWAR	E THAT THERE A	ARE SIGNIFICANT	signati		(617)788-4359	5/15/2001
9-NO SAMPLING CONDUCTED T	THIS MONTH	l .						L			Page 3 of 3