

DEER ISLAND TREATMENT PLANT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS
 NAME MWRA
 ADDRESS CHARLESTOWN NAVY
 YARD

MA0103284	T01 A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
 (SUBR E)
 F - FINAL
 TREATED SANITARY WASTEWATER


100 FIRST AVE
 BOSTON MA 02129
 FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: RICHARD TRUBIANO

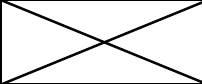
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
00	10	01	00	10	31

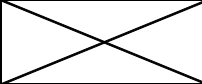
*** NO DISCHARGE ***


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

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

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

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

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
VOLATILE FRACTION ORGANICS (EPA 624) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	35	*****	43	(28)	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L			
CBOD5 / NH3-N INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	147	162	244	(19)	0	01 / 01	24
	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	REPORT WKLY AVG	REPORT DAILY MX	mg/L			
CBOD5 / NH3-N EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	10	11	24	(19)	0	01 / 01	24
	PERMIT REQUIREMENT	*****	*****		25 MO AVG	40 WKLY AVG	REPORT DAILY MX	mg/L			
FLOW,TOTAL EFFLUENT	SAMPLE MEASUREMENT	327.1	269.5	(03) mgd	*****	*****	*****	*****	0	99 / 99	CA
	PERMIT REQUIREMENT	436 MO AVG	REPORT DAILY MX		*****	*****	*****				
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						See original form for signature		TELEPHONE	DATE
Richard Trubiano, Director Field Operations										(617)788-4704	10/15/2000

DEER ISLAND TREATMENT PLANT

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	T01 T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	
YEAR	TO
MO	DAY
00	10 01
00	10 31

MAJOR
 (SUBR E)
 F - FINAL
 TUNNEL WET DATA

*** NO DISCHARGE ***

PARAMETER <small>(32-37)</small>		(3 Card Only) QUANTITY OR LOADING <small>(46-53)</small>			(4 Card Only) QUANTITY OR LOADING <small>(38-45)</small>				NO. EX <small>(62-63)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NOEL STAT 7DAY CHR Menidia EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	50	*****	*****	(23)	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	1.5 DAILY MN	*****	*****	PERCENT			ONCE / MONTH
NOEL STAT 1 HR FERT. CHR Arbacia EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	50	*****	*****	(23)	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	1.5 DAILY MN	*****	*****	PERCENT			ONCE / MONTH
STATRE LC50 48HR ACU Menidia EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	65.6	*****	*****	(23)	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	50 DAILY MN	*****	*****	PERCENT			ONCE / MONTH
P/F STAT 48HR ACU MYSIDOPSIS BAHIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	(23)	0	01/30	24
	PERMIT REQUIREMENT	*****	*****	*****	50 DAILY MN	*****	*****	PERCENT			ONCE / MONTH
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Richard Trubiano, Director Field Operations									(617)788-4704	10/15/2000	

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: RICHARD TRUBIANO

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

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

*** NO DISCHARGE ***

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

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: RICHARD TRUBIANO

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 CSO 201 - MONTHLY & QUARTERLY

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

*** NO DISCHARGE ***

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

PERMITTEE NAME / ADDRESS
 NAME MWRA
 ADDRESS CHARLESTOWN NAVY
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 CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

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FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
00	10	01	00	10	31

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

9-NO SAMPLING CONDUCTED THIS MONTH

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: RICHARD TRUBIANO

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

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
00	10	01	00	10	31

*** NO DISCHARGE ***

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

8-UNDERGOING FACILITY UPGRADE
 9-NO SAMPLING CONDUCTED THIS MONTH

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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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
00	10	01	00	10	31

*** NO DISCHARGE ***

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

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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

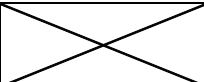
OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 203- MONTHLY & QUARTERLY

*** NO DISCHARGE ***

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

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

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

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

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS CHARLESTOWN NAVY
YARD

MA0103284	C05
PERMIT NUMBER	DISCHARGE NUMBER

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

100 FIRST AVE
BOSTON MA 02129
FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: RICHARD TRUBIANO

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

*** NO DISCHARGE ***

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

8-UNDERGOING FACILITY UPGRADE
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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - 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
00	10	01	00	10	31

*** NO DISCHARGE ***

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

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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - 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
00	10	01	00	10	31

*** NO DISCHARGE ***

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

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS
 NAME MWRA
 ADDRESS CHARLESTOWN NAVY
 YARD

MA0103284
PERMIT NUMBER

C25
DISCHARGE NUMBER

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

100 FIRST AVE
 BOSTON MA 02129
 FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: RICHARD TRUBIANO

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

*** NO DISCHARGE ***

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

NO DISCHARGE

8-UNDERGOING FACILITY UPGRADE
 9-NO SAMPLING CONDUCTED THIS MONTH

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: RICHARD TRUBIANO

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

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
00	10	01	00	10	31

*** NO DISCHARGE ***

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

NO DISCHARGE

8-UNDERGOING FACILITY UPGRADE
 9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

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	C25
PERMIT NUMBER	DISCHARGE NUMBER

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

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

*** NO DISCHARGE ***

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

9-NO SAMPLING CONDUCTED THIS MONTH

CONSTITUTION BEACH CSO

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

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

MA0103284	C07 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE EFFLUENT	SAMPLE MEASUREMENT			GALLONS / HOUR	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX		*****	*****	*****			ALL EVENTS	CONTINUOUS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT			MINUTES	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM		*****	*****	*****			ALL EVENTS	CONTINUOUS
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	AVERAGE	MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****		(12)			
	PERMIT REQUIREMENT	*****	*****	*****	6.5 DAILY MN	*****	8.3 DAILY MX	SU		FOUR/ YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****			(19)			
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT AVERAGE	REPORT MAXIMUM	mg/L		FOUR/ YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT			INCHES / DAY	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM		*****	*****	*****			ALL EVENTS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS

OUTFALL CLOSED

CONSTITUTION BEACH CSO

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

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

MA0103284	C07 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

*** NO DISCHARGE ***

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

OUTFALL CLOSED

CONSTITUTION BEACH CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C07 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

*** NO DISCHARGE ***

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

OUTFALL CLOSED

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: RICHARD TRUBIANO

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

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
00	10	01	00	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE EFFLUENT	SAMPLE MEASUREMENT	304	344	GALLONS /HOUR	*****	*****	*****	*****	0	01/DS	CA
	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX		*****	*****	*****		ALL EVENTS	CONTINUOUS	
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	65	99	MINUTES	*****	*****	*****	*****	0	01/DS	99/99
	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM		*****	*****	*****		ALL EVENTS	CONTINUOUS	
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	D	(19)	*****			
	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE					
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	(12)	0	01/DS	GR
	PERMIT REQUIREMENT	*****	*****		6.5 DAILY MN	*****	8.3 DAILY MX				
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	526	526	(19)	0	01/30	COMPOS
	PERMIT REQUIREMENT	*****	*****		*****	REPORT AVERAGE	REPORT MAXIMUM				
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	0.09	1.03	INCHES/ DAY	*****	*****	*****	*****	0	01/DS	RC
	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM		*****	*****	*****				
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	1.11	1.6	(03)	*****	*****	*****	*****	0	99/99	TM
	PERMIT REQUIREMENT	REPORT MO AVE	REPORT DAILY MX	mgd	*****	*****	*****				

D- SAMPLE LOST

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: RICHARD TRUBIANO

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

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
00	10	01	00	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	3.68	*****	3.68	(19)	0*	01/DS	GR
	PERMIT REQUIREMENT	*****	*****	*****	0.1 MO AVG	*****	.25 (mx.hourly)	mg/L		ONCE/ DSCHRG	GRAB
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	30	*****	30	(13)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO AVG	*****	REPORT DAILY MX	#/100ML		FOUR/ YEAR	GRAB
PRECIPITATION, VOLUME EFFLUENT	SAMPLE MEASUREMENT	Q		(03)	*****	*****	*****	*****			
	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

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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C09 A
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE ***

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

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

9-NO SAMPLING CONDUCTED THIS MONTH

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: RICHARD TRUBIANO

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

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211- MONTHLY & QUARTERLY

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

*** NO DISCHARGE ***

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

9-NO SAMPLING CONDUCTED THIS MONTH

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: RICHARD TRUBIANO

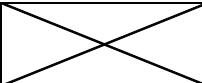
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211 - MONTHLY & QUARTERLY

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

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****		(19)			
	PERMIT REQUIREMENT	*****	*****		0.1 MO AVG	*****	.25 (mx.hourly)	mg/L		ONCE/ DSCHRG	GRAB
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****		(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	#/100ML		FOUR/ YEAR	GRAB
PRECIPITATION, VOLUME EFFLUENT	SAMPLE MEASUREMENT	Q		(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT AVERAGE	REPORT MAXIMUM	mgd	*****	*****	*****			ALL EVENTS	CONTINUOUS

9-NO SAMPLING CONDUCTED THIS MONTH
 Q-CANNOT QUANTIFY RAINFALL VOLUME

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: RICHARD TRUBIANO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2000 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC U CERIDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Richard Trubiano, Director Field Operations									(617)788-4704	10/15/2000	

9-NO SAMPLING CONDUCTED THIS MONTH