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

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

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

C01 A

DISCHARGE NUMBER

F - FINAL
CSO 201- MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

OCC ZOT MOTOTILE COMOTOTICE

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	2	1	2001	2	28					

PARAMETER		(3 Card Only) QI		.OADING	(4 Card Only)		R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(52 57)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
(20 DEG. C) 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		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	****	***		****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.29	0.61	(61)	*****	*****	****	******		AL/EV	RC
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	0.00	0.00	(03)	*****	****	****	******		99/99	CN
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

Page 1 of 3

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)

FEBRUARY 2001 - 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					
2001	2	2001	1	28						

		(3 Card Only) Q	UANTITY OR I	OADING	(4 Card Only	QUALITY C	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 GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
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	*****	0	(8A) hours hours	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93)	*****	*****	*****	******		AL/EV	ОС
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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284
PERMIT NUMBER

FROM

МО

YEAR

2001

MINOR (SUBR E) F - FINAL

C01 A

DISCHARGE NUMBER

DAY

28

TO

MO

2

CSO 201 - MONTHLY & QUARTERLY

	` ,,		OADING	`	,		i	NO. EX	FREQUENCY OF	SAMPLE TYPE
	_ ' /	· · · · · · · · · · · · · · · · · · ·	LINITO	, ,		· · · · · · · · · · · · · · · · · · ·	LINITO			
SAMPLE	AVERAGE *****	*****	UNITS	9	*****	*****	(23)	(62-63)	(64-68)	(69-70)
PERMIT REQUIREMENT	****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
							-			
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS						form for	TELEPHONE	DATE
ornbrook ng Officer	INFORMATION IS	TRUE, ACCURAT	E AND COMPL ALSE INFORMA	ETE. I AM AWAR TION, INCLUDING	E THAT THERE A	ARE SIGNIFICANT			(617)788-4359	03/15/2001
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PAL EXECUTIVE ER Ornbrook	AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER THE INFORMATION FOR MAINTENER PERMIT THE INFORMATION FOR MAINTENER PERMIT THE INFORMATION FOR MAINTENER PERMIT INFORMATION FOR MAINTENER PERMITTENER PE	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LA THE INFORMATION SUBMITTED IMMEDIATELY RESPONSIBLE FO	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE THE INFORMATION SUBMITTED HEREIN; AND I IMMEDIATELY RESPONSIBLE FOR OBTAINING INFORMATION IS TRUE, ACCURATE AND COMPLI INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMAT	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SERVICE MEASUREMENT SAMPLE MEASUREMENT SERVICE MEASUREMENT SERV	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT INFORMATION SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILIT INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE APPLATION, INCLUDING THE POSSIBILIT INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE APPLATION, INCLUDING THE POSSIBILIT INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE APPLANTED THAT THE APPLANTED THAT THAT THAT THAT THAT THAT THAT THA	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CONTINUE PAL EXECUTIVE ER I CONTINUE 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 PENALTES FOR SUBMITTION FILE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND PENALTES FOR SUBMITTION FILE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND PENALTES FOR SUBMITTION FILE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND PENALTES FOR SUBMITTION FILE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND PENALTES FOR SUBMITTION FILE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REPORT DAILY MN PERCENT REPORT DAILY MN PERCENT REPORT DAILY MN PERCENT REPORT DAILY MN SEPORT DAILY MN PERCENT SAMPLE MINIMUM UNITS (23) % PERCENT PERMIT REPORT DAILY MN SEPORT DAILY MN PERCENT SEE ORIGINATION 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 THEER ARE SIGNIFICANT PENALTIES FOR 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 THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN; AND FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN; AND FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN; AND FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN; AND FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN; AND FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN FORMATION, I DELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THEER ARE SIGNIFICANT PENALTIES FOR SUBMITTED HEREIN FOR SUBMITTED HEREIN FOR SUBMITTED HEREIN FOR	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT 99	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (64-68) SAMPLE MEASUREMENT 9

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E)

C03 A

DISCHARGE NUMBER

F - FINAL

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	2	1	2001	2	28					

DADAMETED		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUALITY C	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (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)			
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		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.29	0.61	(61)	*****	****	****	******		AL/EV	RC
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	0.00	0.00	(03)	*****	*****	*****	******		99/99	CN
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 Page 1 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

FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPL	DES

MA0103284 PERMIT NUMBER C03 A
DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD											
	FROM		TO								
YEAR	MO	DAY	YEAR	MO	DAY						
2001	2	1	2001	2	28						

		(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only)	QUALITY C	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	$\overline{}$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
GENERAL 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	*****	0.00	(8A) hours	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) occur/mon	*****	*****	*****	******			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
									_		

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)

FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C03 A
PERMIT NUMBER DISCHARGE NUMBER

 DMR)
 (SUBR E)

 03 A
 F - FINAL

 GE NUMBER
 CSO 203- MONTHLY & QUARTERLY

MINOR

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	2	1	2000	2	28					

PARAMETER		_	` ,	UANTITY OR L	OADING	`	,	OR LOADING	i	NO. EX		SAMPLE TYPE
(32-37)	\sim		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)	1		ANALYSIS	
(02 01)		<u> </u>	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREM		*****	*****	******	9	*****	*****	(23)			
EEEI LIENT	PERMIT REQUIREM		*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREM		*****	*****	*****	9	*****	*****	(23)			
DAPHNIA EFFLUENT	PERMIT REQUIREM		*****	*****	*******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
					•							
	_				•							
									1			
NAME / TITLE PRINCI OFFICE		VE	THE INFORMA	TION SUBMITTED	HEREIN; AND I	PERSONALLY EXAMINED AND AM FAMILIAR WITH BASED ON MY INQUIRY OF THOSE INDIVIDUALS				form for	TELEPHONE	DATE
Chief Operating Officer PENALTIES FOR SUBMITTING FALSE INFORMAT					THE INFORMATION, TBELIEVE THE SUBMITTED ETE. I AM AWARE THAT THERE ARE SIGNIFICANT TION, INCLUDING THE POSSIBILITY OF FINE AND ONMENT.			See original form for signature		(617)788-4359	03/15/2001	
9-NO SAMPLING CONDUCTED 1	THE MONTH		l .						L		l l	Page 3 of 3

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

	 (
MA0103284	C05
PERMIT NUMBER	DISCHARGE NUMBER

YEAR

2001

TO

DAY

28

MO

2

MONITORING PERIOD

DAY

FROM

МО

2

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

					!						
PARAMETER		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)) QUALITY C	OR CONCENTE	ATION	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	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)		, ,	
(20 DEG. C) 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)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.29	0.61	(61)	*****	*****	*****	******		AL/EV	
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING FREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOL
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	0.00	0.00	(03)	*****	*****	*****	******		99/99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	****	*****	*****	*****		CONTINUOUS	CONTINUOL
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

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)	
TATIONAL I OLLOTANI DIGGITANGE ELIMINATION GIGILIM (NI DEG)	

FEBRUARY 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 2 1 2001 2 28									

		(3 Card Only) QI	UANTITY OR I	OADING	(4 Card Only)	QUALITY C	R CONCENT	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	III TOOME		FOUR/YEAR	GRAB
LITEOLINI	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		FOOR/TEAK	GRAD
	SAMPLE	*****	С	(93)	*****	*****	*****				
BYPASS OF	MEASUREMENT		C					******			
TREATMENT	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						ALLEVENIS	OCCURS
	SAMPLE	*****	С	(79)	*****	*****	*****				
DURATION OF	MEASUREMENT							******			
DISCHARGE	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		CNIESIED	hours/day						ALL EVENTS	OCCURS
	SAMPLE	*****	0	(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT		0	haura				******			
EFFLUENT	PERMIT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTO	OCCURS
	REQUIREMENT		CNIESIED	hours						ALL EVENTS	OCCURS
	SAMPLE	*****	0	(93)	*****	*****	*****				
DISCHARGE EVENT	MEASUREMENT		0	0.00111/00.00				******			
OBSERVATION	PERMIT	*****	REPORT	occur/mon	*****	*****	*****			ALL EVENTO	0001100
	REQUIREMENT		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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER
DIS

YEAR

2001

	MONITORING PERIOD											
	FROM		TO									
2	MO	DAY	YEAR	MO	DAY							
	2	1	2001	2	20							

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

*** NO DISCHARGE X ***

	_										
PARAMETER		(3 Card Only) QI		LOADING	` ,		OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)	1	(38-45)	(46-53)	(54-61)			ANALYSIS	
(02 0.7)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****	9			(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
DAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE I CERTIFY UNDER PENALTY OF LAW THAT I HAVE THE INFORMATION SUBMITTED HEREIN; AND			HEREIN; AND I	BASED ON MY INC	QUIRY OF THOSE	INDIVIDUALS	Coo original	form for	TELEPHONE	DATE	
Michael J. H Chief Operati	INFORMATION IS	TRUE, ACCURAT	E AND COMPLIALSE INFORMA	THE INFORMATION, I BELIEVE THE SUBMITTED ETE. I AM AWARE THAT THERE ARE SIGNIFICANT TION, INCLUDING THE POSSIBILITY OF FINE AND ONMENT.			See original form for signature		(617)788-4359	03/15/2001	
9-NO SAMPLING CONDUCTED	THIS MONTH	•									Page 3 of 3

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: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR) MA0103284 C25 PERMIT NUMBER

DISCHARGE NUMBER

CSO 205 - MONTHLY & QUARTERLY *** NO DISCHARGE X ***

MINOR

(SUBR E)

F - FINAL

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2001 2 1 2001 2 28										

PARAMETER		(JANTITY OR L	OADING.	(4 Card Only)	QUALITY C	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\times	(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)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	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	1.29	0.61	(61)	*****	*****	*****	******		AL/EV	RC
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	*****	****	****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	0.00	0.00	(03)	*****	*****	*****	******		99/99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***				(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	REPORT MAX BDL	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD											
	FROM		TO								
YEAR	MO	DAY	YEAR	MO	DAY						
2001 2 1 2001 2 28											

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

*** NO DISCHARGE X	***

		(3 Card Only) QI	UANTITY OR I	LOADING	(4 Card Only)	QUALITY C	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 GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
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		*****	0	(8A)	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93)	*****	*****	*****	******			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
											·

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284		C25
PERMIT NUMBER		DISCHARGE NUMBER
	-	

YEAR

2001

TO

DAY

28

MO

2

MONITORING PERIOD

DAY

FROM

МО

2

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	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)	(1 11)	(1.11)	(*****)
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 PRINCIPAL EXECUTIVE I		THE INFORMA	TION SUBMITTED	HEREIN; AND	E PERSONALLY EXAMINED AND AM FAMILIAR WITH BASED ON MY INQUIRY OF THOSE INDIVIDUALS THE INFORMATION, I BELIEVE THE SUBMITTED LETE. I AM AWARE THAT THERE ARE SIGNIFICANT ATION, INCLUDING THE POSSIBILITY OF FINE AND COMMENT.				form to-	TELEPHONE	DATE
Michael J. Ho Chief Operation	INFORMATION IS	TRUE, ACCURAT	E AND COMPL ALSE INFORMA	See original form for signature				(617)788-4359	03/15/2001		

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	CC	9 A
PERMIT NUMBER	DISCHARG	E NUMBER

MINOR (SUBR E)

F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2001 2 1 2001 2 28									

DADAMETED		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only)	QUALITY C	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (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)			
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		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	****	****		****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.29	0.61	(61)	*****	*****	*****	******		AL/EV	RC
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	0.00	0.00	(03)	*****	*****	*****	******		99/99	CN
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		FOUR/YEAR	GRAB Page 1 of 3

Page 1 of 3

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

C09 A

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2001 2 1 2001 2 28									

		(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only)	QUALITY C	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			******							
EFFLUENT	PERMIT	*****	*****		REPORT	*****	REPORT			FOUR/YEAR	GRAB
EFFLOEINI	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		FOUR/TEAR	GRAD
	SAMPLE	*****	С	(93)	*****	*****	*****				
BYPASS OF	MEASUREMENT							******			
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	*****	0	(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT		U	jpurs				******			
EFFLUENT	PERMIT	*****	CNTESTED	••	*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		ONTEGIES	hours						ALL LVLIVIO	0000110
	SAMPLE	*****	0	(93)	*****	*****	*****				
DISCHARGE EVENT	MEASUREMENT			occur/mon				******			
OBSERVATION	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						7122 2 7 2 1 1 1 0	
				,							

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)

FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

CO9 A F - FINAL

MINOR

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD									
FROM TO									
YEAR MO DAY YEAR MO [
2001 2 1 2001 2 28									

PARAMETER		(3 Card Only) Ql	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	
(62 67)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	****	****	*****	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	****	****		REPORT DAILY MN	*****	****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	****	*****	*****	9	*****	*****	(23)			
EFFLUENT	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					See original	form for	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer		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.						signatu		(617)788-4359	03/15/2001
O NO SAMBLING CONDUCTED T	THO MONTH										Page 2 of 2

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: Michael Hornbrook

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

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 211- MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO DAY		YEAR	MO	DAY				
2001	2	1	2001	2	28				

PARAMETER		, , , , , , , , , , , , , , , , , , , ,			(4 Card Only) QUALITY OR CONCENTRATION					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)			
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		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.29	0.61	(61)	*****	*****	*****	*****	0	AL/EV	RC
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	0.00	0.00	(03)	*****	*****	*****	******	0	99/99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****	0000000		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

Page 1 of 3

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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

C11 A

DISCHARGE NUMBER

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO DAY		YEAR	DAY					
2001	2	1	2001	2	28				

	, ,,			(4 Card Only) QUALITY OR CONCENTRATION				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 MEASUREMENT	*****	*****	******		*****		(13)			
GENERAL – 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	*****	0.0	(8A) hours	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) occur/mon	*****	*****	*****	****			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

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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)
FEBRUARY 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

FROM

МО

YEAR

2001

MINOR (SUBR E) F - FINAL DISCHARGE NUMBER

C11 A

DAY

28

TO

MO

CSO 211 - MONTHLY & QUARTERLY

PARAMETER			JANTITY OR I	OADING			OR LOADING	i	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	(00.70)		
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)	(62-63)	(64-68)	(69-70)		
EFFLUENT REQUIRE	PERMIT REQUIREMENT	*****	****	*******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24		
LC50/PF STAT 24HR AC U D. PULEX	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)					
EFFLUENT	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					See original	form for	TELEPHONE	DATE			
Michael F. Hornbrook Chief Operating Officer		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.						signatu		(617)788-4359	03/15/2001		