COTTAGE FARM CSO

LAST UPDATED: June 12, 2001

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER
 EPORT (DMR)
 (SU

 C01 A
 F

 DISCHARGE NUMBER
 CSI

MINOR (SUBR E) F - FINAL

CSO 201- MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

PERMITTEE NAME / ADDRESS

NAME MWRA
ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2001	5	1	2001	5	31				

PARAMETER		(3 Card Only) Q (JANTITY OR L	OADING	(4 Card Only)	QUALITY C	OR CONCENTR	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 SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61)	*****	*****	*****	******			
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 9-NO SAMPLING CONDUCTED THIS MONTH

COTTAGE FARM CSO

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100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MAY 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	5	1	2001	5	31				

	`	(3 Card Only) QI	UANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\times	(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	#/TOOML		FOLIDACEAD	CDAD
EFFLUEINI	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		FOUR/YEAR	GRAB
	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		CIVILOTED	hours/day						ALL LVLIVIO	OCCONS
	SAMPLE	*****		(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT			hours				******			
EFFLUENT	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		ONTEGRED	hours						7122 2 7 2 1 1 1 0	
	SAMPLE	*****		(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	
									ļ		

COTTAGE FARM CSO

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100 FIRST AVE BOSTON MA 02129

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ATTN: Michael Hornbrook

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

MA0103284 PERMIT NUMBER

(SUBR E) C01 A F - FINAL DISCHARGE NUMBER CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MINOR

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	DAY YEAR MO						
2001	5	1	2001	5	31				

	` ,,	JANTITY OR L	OADING.	(4 Card Only)		OR LOADING		NO. EX		SAMPLE TYPE
\sim	, ,			, ,			ı	_	ANALYSIS	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
PAL EXECUTIVE ER	THE INFORMA	TION SUBMITTED	HEREIN; AND I	BASED ON MY INC	QUIRY OF THOSE	E INDIVIDUALS		form for	TELEPHONE	DATE
ornbrook ng Officer	INFORMATION IS	TRUE, ACCURAT	E AND COMPLI LSE INFORMA	ETE. I AM AWAR TION, INCLUDING	E THAT THERE A	ARE SIGNIFICANT	-		(617)788-4359	06/15/2001
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PAL EXECUTIVE ER Drnbrook ng Officer	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER THE INFORMA! IMMEDIATELY INFORMATION IS PENALTIES FOR	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LATTHE INFORMATION SUBMITTED IMMEDIATELY RESPONSIBLE FOR INFORMATION IS TRUE, ACCURAT PENALTIES FOR SUBMITTING FAMORIAN CONTRACTOR OF THE PENALTY OF LATER OF THE PENA	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT INTERPO STATE OF LAW THAT I HAVE THE INFORMATION SUBMITTED HEREIN; AND I IMMEDIATELY RESPONSIBLE FOR OBTAINING INFORMATION IS TRUE, ACCURATE AND COMPLIA INFORMATION INFORMATION IS TRUE, ACCURATE AND COMPLIA INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY E. THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY ING IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATIC INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWAY PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING IMPRISONMENT.	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, IBELIEVE THIS FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILIT IMPRISONMENT.	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REPORT DAILY MN REPORT DAILY MN REPORT DAILY MN REPORT THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, IBELIEVE 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.	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT AND ALLY MN PERCENT PERCENT PERCENT SEPORT DAILY MN PERCENT WAS BELIEVE THE INFORMATION IS BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT INFORMATION INFORMATION	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT DAILY MN PERCENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT ODAILY MN PERCENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT ODAILY MN PERCENT SERVICE STATE SAMPLE STATE STAT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT PERMIT REQUIREMENT DAILY MN PERCENT PERMIT REQUIREMENT DAILY MN PERCENT PERMIT REQUIREMENT DAILY MN PERCENT SEMI / ANNUAL PALE EXECUTIVE ER MEASUREMENT DAILY MN PERCENT SEMI / ANNUAL PALE EXECUTIVE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIANTELY RESPONSIBLE POR OBTAINING THE INFORMATION, INCLUDING THE REASIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. TOTOROM TO THE POSSIBILITY OF FINE AND IMPRISONMENT. THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIANTELY RESPONSIBLE FOR OBTAINING THE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIANTELY RESPONSIBLE FOR OBTAINING THE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. THE INFORMATION SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. THE INFORMATION SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

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100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

MA0103284 PERMIT NUMBER MINOR (SUBR E)

C03 A

DISCHARGE NUMBER

F - FINAL

CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM	FROM TO								
YEAR	MO	DAY	YEAR	MO	DAY					
2001	5	1	2001	5	31					

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	SAMPLE	*****	*****			*****		(19)			
(20 DEG. C)	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	mg/L		FOUR/YEAR	COMPOS
LITEOLINI	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOOR/TEAR	COMPOS
	SAMPLE	*****	*****			*****		(12)			
PH	MEASUREMENT			****				SU			
EFFLUENT	PERMIT	*****	*****	****	6.5	*****	8.3			FOUR/YEAR	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	SU		TOONTEAN	OIVAD
SOLIDS, TOTAL	SAMPLE	*****	*****			*****		(19)			
SUSPENDED	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	9. =		FOUR/YEAR	COMPOS
	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		1 001012741	001111 00
	SAMPLE			(61)	*****	*****	*****				
RAINFALL	MEASUREMENT			inches				******			
EFFLUENT	PERMIT	REPORT	REPORT		*****	*****	*****			ALL EVENTS	RCORDR
	REQUIREMENT	MO TOTAL	MAXIMUM	inches						7.22 2 7 2 7 7 7	
FLOW,	SAMPLE			(3R)	*****	*****	*****				
WASTEWATER	MEASUREMENT			mgal				******			
BYPASSING	PERMIT	CNTESTED	CNTESTED		*****	*****	*****			CONTINUOUS	CONTINUOUS
TREATMENT PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal							
FLOW, IN CONDUIT OR	SAMPLE			(03)	*****	*****	*****				
THRU TREATMENT	MEASUREMENT PERMIT	01.77	01/250555	mgd				******			
PLANT		CNTESTED	CNTESTED		*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd				(40)			
CHLORINE, TOTAL	SAMPLE	*****	*****	****		*****		(19)			
RESIDUAL	MEASUREMENT			****	0.1		0.05	mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB
	INE GOTTE WILLIAM	l			AVENAGE		IN VIT VVIIN	mg/L	1		

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

MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C03 A

PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2001	5	1	2001	5	31				

	(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 MEASUREMENT	*****	*****	******		*****		(13)			
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)	*****	*****	*****	*****			
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)
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

 EPORT (DMR)
 (SUBR E)

 C03 A
 F - FINAL

 DISCHARGE NUMBER
 CSO 203- MONTHLY & QUARTERLY

MINOR

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001 5 1 2000 5 31										

PARAMETER		(3 Card Only) Ql		.OADING	` ,		OR LOADING		NO. EX		SAMPLE TYPE
(32-37)		(46-53) AVERAGE	(54-61)	LINUTO	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS		ANALYSIS	
	CAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		(62-63)	(64-68)	(69-70)
C50/PF STAT 24HR AC IMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
FFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
C50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	****	******		*****	*****	(23)			
APHNIA FFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIP OFFICE		THE INFORMA	TION SUBMITTED	HEREIN; AND I	BASED ON MY INC	QUIRY OF THOSE			form for	TELEPHONE	DATE
Michael J. Ho Chief Operatin		INFORMATION IS		E AND COMPLE LSE INFORMA	TE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	signatu		(617)788-4359	06/15/2001
OFFICE Michael J. Ho	R rnbrook	THE INFORMA IMMEDIATELY INFORMATION IS	TION SUBMITTED RESPONSIBLE FO TRUE, ACCURAT	HEREIN; AND E OR OBTAINING E AND COMPLE LSE INFORMA	BASED ON MY INC THE INFORMATIC ETE. I AM AWARI FION, INCLUDING	QUIRY OF THOSE ON, I BELIEVE TH E THAT THERE A	E INDIVIDUALS IE SUBMITTED ARE SIGNIFICANT	See original		-	

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

F - FINAL CSO 205 - MONTHLY & QUARTERLY

MINOR

(SUBR E)

MONITORING PERIOD											
	FROM			TO							
YEAR	MO	DAY	YEAR MO DA								
2001 5 1 2001 5 31											

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)	\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 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 SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(61)	*****	****	****	*****			
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

SOMERVILLE MARGINAL CSO

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MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C05
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO	DAY	YEAR MO DA							
2001	5	1	2001	5	31					

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

		(3 Card Only) QI	JANTITY 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) #/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		*****		(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) MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER

MINOR (SUBR E) F - FINAL DISCHARGE NUMBER

C05

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD											
	FROM		TO								
YEAR	MO	DAY	YEAR MO DA								
2001 5 1 2001 5 31											

PARAMETER		(3 Card Only) QI	JANTITY OR I	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****				(23)			
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
	OFFICER THE INFORMATION SUBMITTED HEREIN; AND			/E PERSONALLY EXAMINED AND AM FAMILIAR WITH D BASED ON MY INQUIRY OF THOSE INDIVIDUALS			See original form fo		TELEPHONE	DATE	
Michael J. H	ng Officer	INFORMATION IS	TRUE, ACCURAT	E AND COMPL ALSE INFORMA	THE INFORMATION, I BELIEVE THE SUBMITTED TTE. I AM AWARE THAT THERE ARE SIGNIFICANT TION, INCLUDING THE POSSIBILITY OF FINE AND DIMMENT.			signati		(617)788-4359	06/15/2001

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

> > YEAR

2001

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

MA0103284 C25 PERMIT NUMBER DISCHARGE NUMBER

> MONITORING PERIOD TO FROM MO DAY YEAR MO DAY 5 2001

MINOR (SUBR E) F - FINAL

31

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X	***
--------------------	-----

PARAMETER		(3 Card Only) QI		OADING	(4 Card Only)		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)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU 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			(61)	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	INCHES 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 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) MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

YEAR

2001

FROM

MO

MINOR (SUBR E) F - FINAL DISCHARGE NUMBER

C25

DAY

31

ТО

МО

CSO 205 - MONTHLY & QUARTERLY

		` ,	UANTITY OR I	OADING			R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(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		*****	****	****			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		*****	*****	*****			ALL EVENTS	OCCURS

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME **MWRA**

ADDRESS CHARLESTOWN NAVY YARD

> 100 FIRST AVE BOSTON MA 02129

NAME / TITLE PRINCIPAL EXECUTIVE

OFFICER

Michael J. Hornbrook

Chief Operating Officer

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

PARAMETER

(32-37)

LC50/PF STAT 24HR AC

LC50/PF STAT 24HR AC

PIMPEPHALES

EFFLUENT

DAPHNIA

EFFLUENT

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

	_	_	_	 		,	
MA0103284					C2	5	
PERMIT NUMBER				DISCHA	ARGE	NUMBER	
							Ξ

F - FINAL CSO 205 - MONTHLY & QUARTERLY

(62-63)

(23)

PERCENT

See original form for

signature

MINOR

(SUBR E)

*** NO DISCHARGE X ***

NO. EX FREQUENCY OF

ANALYSIS

(64-68)

SEMI / ANNUAL

SEMI / ANNUAL

TELEPHONE

(617)788-4359

SAMPLE TYPE

(69-70)

COMP24

COMP24

DATE

06/15/2001

IA 02129							
			MONITORII	NG PERIOD			*** NC
A 02129		FROM	,		TO		
02.20	YEAR	MO	DAY	YEAR	MO	DAY	i
	2001	5	1	2001	5	31	i
	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING	
\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)	
/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS
SAMPLE	*****	*****					(23)
MEASUREMENT			******				%
PERMIT	*****	*****	ĺ	REPORT	*****	*****	76
REQUIREMENT				DAILY MN			PERCENT

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.

REPORT

DAILY MN

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
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E)

F - FINAL

C09 A

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

	MONITORING PERIOD									
	FROM		ТО							
YEAR	MO	DAY	YEAR	MO	DAY					
2001	5	1	2001	5	31					

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	SAMPLE	*****	*****			*****		(19)			
(20 DEG. C)	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	IIIg/L		FOUR/YEAR	COMPOS
LITEOLINI	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOOR/TEAR	COMPOS
	SAMPLE	*****	*****			*****		(12)			
PH	MEASUREMENT			****				SU			
EFFLUENT	PERMIT	*****	*****	****	6.5	*****	8.3	00		FOUR/YEAR	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	SU		TOORTEAR	GIVAD
SOLIDS, TOTAL	SAMPLE	*****	*****			*****		(19)			
SUSPENDED	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	1119/2		FOUR/YEAR	COMPOS
ETT EGENT	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		1 0010 1 27110	OOMII OO
	SAMPLE			(61)	*****	*****	*****				
RAINFALL	MEASUREMENT			inches				******			
EFFLUENT	PERMIT	REPORT	REPORT		*****	*****	*****			ALL EVENTS	RCORDR
	REQUIREMENT	MO TOTAL	MAXIMUM	inches						7,22,272,110	ROORDR
FLOW,	SAMPLE			(3R)	*****	*****	*****				
WASTEWATER	MEASUREMENT			mgal				******			
BYPASSING	PERMIT	CNTESTED	CNTESTED	•	*****	*****	*****			CONTINUOUS	CONTINUOUS
TREATMENT PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal							
FLOW, IN CONDUIT OR	SAMPLE			(03)	*****	*****	*****				
THRU TREATMENT	MEASUREMENT			mgd				******			
PLANT	PERMIT	CNTESTED	CNTESTED	•	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd				41			
CHLORINE, TOTAL	SAMPLE	*****	*****	****		*****		(19)			
RESIDUAL	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	***	0.1	*****	0.25			FOUR/YEAR	GRAB
* LINDERCOING EACH ITY LIDG	REQUIREMENT				AVERAGE		MAX HR RT	mg/L			Page 1 of 2

^{* -} UNDERGOING FACILITY UPGRADE 9-NO SAMPLING CONDUCTED THIS MONTH

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)
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

C09 A
DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	DAY					
2001	5	1	2001	5	31				

		(3 Card Only) QI	UANTITY OR L	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			******				#/4.001			
EFFLUENT	PERMIT	*****	*****		REPORT	*****	REPORT	#/100mL		FOLIDATEAD	CDAD
EFFLUENT	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		FOUR/YEAR	GRAB
	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							******			
DISCHARGE	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		CIVIESTED	hours/day						ALL EVENTS	OCCURS
	SAMPLE	*****		(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT			hours				******			
EFFLUENT	PERMIT	*****	CNTESTED	Hours	*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		CIVILOTED	hours						ALL LVLINIS	OCCONS
	SAMPLE	*****		(93)	*****	*****	*****				
DISCHARGE EVENT	MEASUREMENT			occur/mon				******			
OBSERVATION	PERMIT	*****	REPORT	CCCUITHON	*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						ALL LVLINIS	000000
				•							

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)
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

 EPORT (DMR)
 (SUBR E)

 C09 A
 F - FINAL

 DISCHARGE NUMBER
 CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MINOR

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR MO DAY							
2001 5 1 2001 5 31										

PARAMETER		(3 Card Only) Ql		OADING.	(4 Card Only)		OR LOADING		NO. EX		SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32 3.7)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	****	(23)			
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	TION SUBMITTED	HEREIN; AND	BASED ON MY INC	QUIRY OF THOS		See original	form for	TELEPHONE	DATE
Michael J. He Chief Operati		INFORMATION IS	IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBM NFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGI PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FIR IMPRISONMENT.						ıre	(617)788-4359	06/15/2001
0 NO SAMPLING CONDUCTED T	FI IIO MONITI I	L						l		l l	Dogo 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
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

C11 A

DISCHARGE NUMBER

CSO 211- MONTHLY & QUARTERLY

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	DAY						
2001	5	1	2001	5	31					

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	SAMPLE	*****	*****			*****		(19)			
(20 DEG. C)	MEASUREMENT			****							
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT			FOUR/YEAR	COMPOS
211202111	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		1 0010 12700	OOM OO
	SAMPLE	*****	*****			*****		(12)			
PH	MEASUREMENT			****				SU			
EFFLUENT	PERMIT	*****	*****	****	6.5	*****	8.3	00		FOUR/YEAR	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	SU		TOORTEAR	GIVAD
SOLIDS, TOTAL	SAMPLE	*****	*****			*****		(19)			
SUSPENDED	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	mg/L		FOUR/YEAR	COMPOS
LITEOLIVI	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		TOOKTLAK	COIVII OS
	SAMPLE			(61)	*****	*****	*****				
RAINFALL	MEASUREMENT			inches				******			
EFFLUENT	PERMIT	REPORT	REPORT	IIIOIIO3	*****	*****	*****			ALL EVENTS	RCORDR
	REQUIREMENT	MO TOTAL	MAXIMUM	inches						ALL LVLINTS	ROORDR
FLOW,	SAMPLE			(3R)	*****	*****	*****				
WASTEWATER	MEASUREMENT			mgal				******			
BYPASSING	PERMIT	CNTESTED	CNTESTED	mgai	*****	*****	*****			CONTINUOUS	CONTINUOUS
TREATMENT PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal						CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR	SAMPLE			(03)	*****	*****	*****				
THRU TREATMENT	MEASUREMENT			mgd				******			
PLANT	PERMIT	CNTESTED	CNTESTED	iligu	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd						CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE	*****	*****			*****		(19)			
RESIDUAL	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	0.1	*****	0.25	IIIg/L		FOUR/YEAR	GRAB
* LINDEDCOING FACILITY LIDG	REQUIREMENT				AVERAGE		MAX HR RT	mg/L		FOUR/TEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE 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	5)
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)	

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

C11 A

DISCHARGE NUMBER

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR MO DA						
2001 5 1 2001 5 31									

		(3 Card Only) Q	uantity or l	OADING	(4 Card Only)	QUALITY C	R CONCENTE	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(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 #/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
											_

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)
MAY 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

(SUBR E) F - FINAL DISCHARGE NUMBER

C11 A

MINOR

CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	DAY						
2001 5 1 2001 5 31										

DADAMETED		(3 Card Only) Ql	JANTITY OR L	OADING.	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE	*****	*****			*****	*****	(23)			
U CERICDAPHNIA	MEASUREMENT PERMIT	*****	*****	******	REPORT	*****	*****	%			
EFFLUENT	REQUIREMENT	*****	*****		DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
U D. PULEX EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI		THE INFORMA	TION SUBMITTED	HEREIN; AND	BASED ON MY INC	QUIRY OF THOSE			form for	TELEPHONE	DATE
Michael F. H Chief Operati		INFORMATION IS	TRUE, ACCURAT	E AND COMPL LSE INFORMA	THE INFORMATION, I BELIEVE THE SUBMITTED ETE. I AM AWARE THAT THERE ARE SIGNIFICANT TION, INCLUDING THE POSSIBILITY OF FINE AND DIMENT.			See original form for signature		(617)788-4359	06/15/2001

9-NO SAMPLING CONDUCTED THIS MONTH