COTTAGE FARM CSO

			COTTAG	E FARIN CO	50					
LAST UPDATED: JULY 16, 2001	NATIONA	L POLLUTAN	T DISCHAR	GE ELIMINAT	ION SYSTEM	(NPDES)	MINOR			
PERMITTEE NAME / ADDRESS	J	JNE 2001 - DIS	CHARGE N	IONITORING	REPORT (DM	IR)	(SUBR	E)		
NAME MWRA	MA01	103284	I		CC)1 A	F - FINA	AĹ		
ADDRESS CHARLESTOWN NAVY YARD	PERMIT	NUMBER			DISCHARC	E NUMBER	CSO 20	01- MON	ITHLY <u>&Q</u> UARTE	ERLY
100 FIRST AVE							-			
BOSTON MA 02129			MONITORI	NG PERIOD			*** NO	DISCHA	RGE ***	
FACILITY MWRA		FROM			то					
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY				
ATTN: Michael Hornbrook	2001	6	1	2001	6	30	I			
	(3 Card Only) Q	UANTITY OR I	LOADING	(4 Card Only) QUALITY O	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	l
(32-37)	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)

	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	$>$ \sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.39	2.26	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	31.5	31.5	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	3.40	*****	3.50	(19)	0*	01 / 30	GR
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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) JUNE 2001 - 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: Michael Hornbrook

MA0103284
PERMIT NUMBER

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

*** NO DISCHARGE

MINOR

		MONITORI	NG PERIOD		
	FROM			то	
YEAR	MO	DAY	YEAR	MO	DAY
2001	6	1	2001	6	30

	$\overline{}$	(3 Card Only) Q	UANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*******	9	*****	9	(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	*****	6.3	(8A) hours	****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS MINOR JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA (SUBR E) MA0103284 C01 T ADDRESS CHARLESTOWN NAVY YARD F - FINAL PERMIT NUMBER DISCHARGE NUMBER CSO 201 - MONTHLY & QUARTERLY 100 FIRST AVE BOSTON MA 02129 *** NO DISCHARGE MONITORING PERIOD *** FACILITY MWRA FROM то LOCATION BOSTON MA 02129 YEAR MO DAY YEAR MO DAY ATTN: Michael Hornbrook 2001 6 1 2001 6 30 (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC 9 MEASUREMENT MYSID. BAHIA ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** SEMI / ANNUAL COMPOSITE REQUIREMENT DAILY MN PERCENT SAMPLE (23) ***** LC50/PF STAT 24HR AC ***** 9 ***** ***** MEASUREMENT MENIDIA ****** % PERMIT REPORT ***** ***** ***** ***** EFFLUENT SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT

COMPOSITE NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for Michael J. Hornbrook INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4359 7/16/01 **Chief Operating Officer** IMPRISONMENT.

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 ATTN: Michael Hornbrook

JU	NE 2001 - DIS	CHARGE M	ONITORING	REPORT (DN	IR)	(SUBR E)
MA01	03284	34			03 A	F - FINAL
PERMIT I	NUMBER			DISCHARC	GE NUMBER	CSO 203 - MONTHLY & QUARTERLY
		MONITORI	NG PERIOD			
	FROM			то		
YEAR	MO	DAY	YEAR	MO	DAY	
2001	6	1	2001	6	30	

MINOR

PARAMETER	\smallsetminus	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)			RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	26.9	*****	26.9	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	6.9	(12) SU	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	119.0	*****	196.0	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.39	2.26	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	24.6	68.5	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT	PERMIT REQUIREMENT	CNTESTED	CNTESTED	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT CHLORINE, TOTAL	SAMPLE	MO AVG *****	DAILY MAX ******	mgd	1.70	*****	5.00	(19)	0*	03 / 30	GR
RESIDUAL 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

PRISON POINT CSO

					-						
PERMITTEE NAME / ADDRESS	NATIONA	L POLLUTAN	T DISCHAR	GE ELIMINAT	ION SYSTEM	1 (NPDES)	MINOR				
NAME MWRA	JL	JUNE 2001 - DISCHARGE MONITORING REPORT (DMR)									
ADDRESS CHARLESTOWN NAVY YARD	MA01	MA0103284 C03 A									
100 FIRST AVE	PERMIT	NUMBER]		DISCHAR	GE NUMBER	CSO 203 -				
BOSTON MA 02129											
FACILITY MWRA			MONITORI	NG PERIOD			*** NO DIS				
LOCATION BOSTON MA 02129		FROM			то						
ATTN: Michael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY					
	2001	6	1	2001	6	30					

(4 Card Only) QUALITY OR CONCENTRATION NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) **QUANTITY OR LOADING** 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) SAMPLE (13) ***** ***** ***** COLIFORM, FECAL 160 770 0 01/30 GR MEASUREMENT ****** GENERAL #/100mL PERMIT REPORT REPORT ***** ***** ***** EFFLUENT FOUR/YEAR GRAB REQUIREMENT MO GEO MAXIMUM #/100ML SAMPLE (93) ***** ***** ***** ***** С BYPASS OF MEASUREMENT ******* TREATMENT PERMIT REPORT ***** ***** ***** ***** OCCURS ALL EVENTS REQUIREMENT EVENT TOT occur/mon SAMPLE (79) ***** ***** ***** ***** С DURATION OF MEASUREMENT ****** PERMIT DISCHARGE ***** ***** ***** ***** OCCURS CNTESTED ALL EVENTS REQUIREMENT hours/day SAMPLE (8A) ***** 19.9 ***** ***** ***** 0 AL / EV OC DISCHARGE DURATION MEASUREMENT ******* hours EFFLUENT PERMIT ***** ***** ***** ***** OCCURS **CNTESTED** ALL EVENTS REQUIREMENT hours SAMPLE (93) ***** ***** ***** ***** 5 0 AL / EV OC DISCHARGE EVENT MEASUREMENT ****** occur/mon PERMIT OBSERVATION REPORT ***** ***** ***** ***** ALL EVENTS OCCURS REQUIREMENT EVENT TOT occur/mon

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

03 - MONTHLY & QUARTERLY

DISCHARGE ***

PRISON POINT CSO

	FOWN NAVY YARD	JU MA01	L POLLUTANT INE 2001 - DIS 03284 NUMBER			REPORT (DN C(. ,	MINC (SUB F - FI	R E) NAL		
100 FIRST BOSTON FACILITY MWRA		PERMIT	NUMBER		NG PERIOD	DISCHARC	JE NUMBER	 T		ONTHLY & QUAR HARGE ***	IERLY
LOCATION BOSTON	MA 02129		FROM			то					
ATTN: Michael Hornbrook		YEAR	MO	DAY	YEAR	MO	DAY				
		2001	6	1	2000	6	30	1			
			•	•		•	•	-			
	\smallsetminus	(3 Card Only) QI	UANTITY OR I	OADING	(4 Card Only) QUANTITY	OR LOADING	i	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	\mid \sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
PIMPEPHALES EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
DAPHNIA EFFI UENT	PERMIT	******			REPORT	*****	*****			SEML/ ANNUAL	COMP24

MP24 COMP24 FFLUENI REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE 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 TELEPHONE DATE OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for Michael J. Hornbrook INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4359 7/16/01 **Chief Operating Officer** IMPRISONMENT.

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME	NAME / ADDRESS MWRA		L POLLUTAN ⁻ NE 2001 - DIS	MINOR (SUBR E)				
ADDRESS	CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129	MA01 PERMIT	03284 NUMBER]		_	D5 A GE NUMBER	F - FINAL CSO 205 - MONTHLY & QUARTERLY
FACILITY	MWRA			*** NO DISCHARGE 💭 ***				
LOCATION	BOSTON MA 02129		FROM			то		
ATTN: Micha		YEAR	MO	DAY	YEAR	MO	DAY	
ATTN. MICHA	ernombrook	2001	6	1	2001	6	30	

	\smallsetminus	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUALITY C	OR CONCENTR	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	****	11.8	*****	11.8	(19)	0	01 / 30	СР
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	7.2	*****	7.3	(12) SU	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	59.0	*****	66.0	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.39	2.26	(61) inches	*****	*****	*****	*******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	*******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	2.35	2.35	(03)	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	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 CSO

100 F	RLESTOWN NAVY YARD FIRST AVE					REPORT (DM CC	()	(SUB F - FI	MINOR (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY			
FACILITY MWF	TON MA 02129 RA			MONITORI	NG PERIOD	TO		*** NG	D DISC	HARGE ***		
LOCATION BOST	TON MA 02129		FROM			TO		1				
ATTN: Michael Horr	nbrook	YEAR	MO	DAY	YEAR	MO	DAY					
ATTN. Michael Hon	hbrook	2001	6	1	2001	6	30	Ι				
		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only) QUALITY O	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	*****	*****		< 10	*****	< 10	(13)	0	01/30	GR	

	\sim $<$	(3 Card Only) QUANTITY OR LOADING		(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	
1 (46-53) (54-61) (1000000000000000000000000000000000000	(64-68)	(69-70)									
,	-	*****	*****	*******	< 10	*****	< 10	. ,	0	01 / 30	GR
-		*****	*****			*****	-			FOUR/YEAR	GRAB
BYPASS OF		****	С	(93)	*****	*****	****	******			
TREATMENT	REQUIREMENT	*****	-	occur/mon	*****	****	****			ALL EVENTS	OCCURS
	MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE		*****	CNTESTED	hours/day	*****	****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	•····· ==	*****	10.3		*****	****	*****	******	0	AL / EV	OC
EFFLUENT	REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	MEASUREMENT	*****	1		*****	****	*****	******	0	AL / EV	OC
OBSERVATION		*****	-		*****	*****	*****			ALL EVENTS	OCCURS

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

== 0.14		
	MONITORIN	NG PER
	-	
PERMIT NUMBER		
MA0103284		

JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) C05 T DISCHARGE NUMBER (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE

MINOR

MONITORING PERIOD												
	FROM		ТО									
YEAR	MO	DAY	YEAR	MO	DAY							
2001	6	1	2001	6	30							

NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) MAXIMUM MINIMUM AVERAGE MAXIMUM AVERAGE UNITS UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** LC50/PF STAT 24HR AC 9 MEASUREMENT PIMPEPHALES ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT SAMPLE (23) LC50/PF STAT 24HR AC ***** ***** 9 ***** ***** MEASUREMENT DAPHNIA ******* % PERMIT REPORT ***** ***** ***** ***** EFFLUENT SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for Michael J. Hornbrook INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4359 07/16/2001 **Chief Operating Officer** IMPRISONMENT.

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLITIANT DISCHARGE FLIMINATION SYSTEM (NPDES)

PERMITTEE NAME	NAME / ADDRESS MWRA	JU	. POLLUTAN ⁻ Ne 2001 - Dis		MINOR (SUBR E)			
ADDRESS	CHARLESTOWN NAVY YARD	MA010		4		-	25 A	F - FINAL
	100 FIRST AVE	PERMIT	NUMBER	1		DISCHAR	GE NUMBER	CSO 205 - MONTHLY & QUARTERLY
FACILITY	BOSTON MA 02129 FACILITY MWRA			MONITORI	NG PERIOD			*** NO DISCHARGE X ***
LOCATION	BOSTON MA 02129		FROM			TO		
	ael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY	
		2001	6	1	2001	6	30	

PARAMETER	$\overline{}$	(3 Card Only) QI		OADING	````			RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(02 07)	>	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) INCHES	*****	*****	*****	*****			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	****	*****	******		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	MGD mgd	*****	****	*****	******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

2001

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

MINOR (SUBR E) F - FINAL

C25 A

DISCHARGE NUMBER

DAY

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6

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

	100 FIRST AVE	PERMIT	NUMBER	l	
	BOSTON MA 02129				
FACILITY	MWRA			MONITORI	NG PERIOD
I OCATION			FROM		
200/01/01		YEAR	MO	DAY	YEAR
ATTN: Michael Hornbrook		2001	6	1	2001

MA0103284

PERMIT NUMBER

1	\searrow	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) (38-45)) QUALITY O (46-53)	R CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	>	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*******		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****		(8A) HOURS	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) OCC/MON	*****	*****	*****	******			
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
				1							

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

PERMITTEE NAME / ADDRESS

MWRA

CHARLESTOWN NAVY YARD

NAME

ADDRESS

Page 2 of 3

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS		L POLLUTAN		()	MINOR		
NAME MWRA		NE 2001 - DIS	(SUBR E)				
ADDRESS CHARLESTOWN NAVY YARD	MA01	03284		C25 T			F - FINAL
100 FIRST AVE	PERMIT I	NUMBER	l		DISCHARC	GE NUMBER	CSO 205 - MONTHLY & QUARTERLY
BOSTON MA 02129							
FACILITY MWRA			MONITORIN		*** NO DISCHARGE X ***		
LOCATION BOSTON MA 02129		FROM			то		
ATTN: Michael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY	
	2001	6	1	2001	6	30	

PARAMETER	\checkmark	(3 Card Only) QL (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	******				(23) %			
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
								1			
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HA THE INFORMATION SUBMITTED HEREIN; AN IMMEDIATELY RESPONSIBLE FOR OBTAININ					BASED ON MY IN	QUIRY OF THOSI	E INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operatir		INFORMATION IS	NFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFIC PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AN IMPRISONMENT.						ure	(617)788-4359	07/16/2001

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA MA0103284 CHARLESTOWN NAVY YARD ADDRESS PERMIT NUMBER DISCHARGE NUMBER 100 FIRST AVE BOSTON MA 02129 MONITORING PERIOD FACILITY MWRA FROM LOCATION BOSTON MA 02129 YEAR MO DAY YEAR ATTN: Michael Hornbrook 2001 6 2001 1

CSO 209 - MONTHLY & QUARTERLY *** NO DISCHARGE 🔲 ***

MINOR

C09 A

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(SUBR E)

F - FINAL

PARAMETER	$\overline{}$	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUALITY		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	****	*****	****	8.3	*****	8.3	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	6.8	(12) SU	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	76.0	*****	76.0	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.39	2.26	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.3	1.3	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	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

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS MINOR JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 C09 A F - FINAL ADDRESS CHARLESTOWN NAVY YARD PERMIT NUMBER DISCHARGE NUMBER CSO 209 - MONTHLY & QUARTERLY 100 FIRST AVE BOSTON MA 02129 MONITORING PERIOD *** NO DISCHARGE *** FACILITY MWRA FROM TO LOCATION BOSTON MA 02129 YEAR MO DAY YEAR MO DAY ATTN: Michael Hornbrook 2001 2001 30 6 1 6 SAMPLE TYPE (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION NO. EX FREQUENCY OF (46-53) (38-45) (46-53) (54-61) 1 (54-61) ANALYSIS AVERAGE MAXIMUM MINIMUM AVERAGE MAXIMUM UNITS UNITS (62-63) (64-68) SAMPLE (13) ***** COLIFORM. FECAL ***** ***** 10 10 0 01/30 MEASUREMENT

(69-70) GR ******* GENERAL #/100mL REPORT PERMIT REPORT ***** ***** ***** EFFLUENT FOUR/YEAR GRAB REQUIREMENT MO GEO MAXIMUM #/100ML SAMPLE (93) ***** ***** ***** ***** С BYPASS OF MEASUREMENT ******* TREATMENT PERMIT REPORT ***** ***** ***** ***** ALL EVENTS OCCURS REQUIREMENT EVENT TOT occur/mon SAMPLE (79) ***** С ***** ***** ***** MEASUREMENT DURATION OF ******* PERMIT DISCHARGE ***** ***** ***** ***** OCCURS CNTESTED ALL EVENTS hours/day REQUIREMENT SAMPLE (8A) ***** ***** ***** ***** 2.3 0 AL/EV OC DISCHARGE DURATION MEASUREMENT ****** hours EFFLUENT PERMIT ***** ***** ***** ***** OCCURS **CNTESTED** ALL EVENTS REQUIREMENT hours SAMPLE (93) ***** ***** ***** ***** OC 0 AL / EV 1 MEASUREMENT DISCHARGE EVENT ******* occur/mon PERMIT OBSERVATION REPORT ***** ***** ***** ***** ALL EVENTS OCCURS REQUIREMENT EVENT TOT occur/mon

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS JUNE 2001 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 C09 T ADDRESS CHARLESTOWN NAVY YARD F - FINAL PERMIT NUMBER DISCHARGE NUMBER CSO 209 - MONTHLY & QUARTERLY 100 FIRST AVE BOSTON MA 02129 *** NO DISCHARGE MONITORING PERIOD *** FACILITY MWRA FROM ΤО LOCATION BOSTON MA 02129 YEAR MO DAY YEAR MO DAY ATTN: Michael Hornbrook 2001 6 1 2001 6 30 (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68)

(32-37)	\nearrow	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 PRINCI OFFICE		THE INFORMA	R PENALTY OF LA	HEREIN; AND I	BASED ON MY IN	QUIRY OF THOSE	E INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operatii		INFORMATION IS	RESPONSIBLE FOR TRUE, ACCURAT	E AND COMPLE	TE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	see original signatu		(617)788-4359	07/16/2001

9-NO SAMPLING CONDUCTED THIS MONTH

SAMPLE TYPE

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME ADDRESS	E NAME / ADDRESS MWRA CHARLESTOWN NAVY YARD 100 FIRST AVE	JU MA01	L POLLUTANT JNE 2001 - DIS 03284 NUMBER	MINOR (SUBR E) F - FINAL CSO 211- MONTHLY <u>& Q</u> UARTERLY			ERLY				
BOSTON MA 02129 FACILITY MWRA		FROM	MONITORI	NG PERIOD	то		*** NO DI	SCHA	RGE ***		
LOCATION	BOSTON MA 02129 ael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY				
ATTN. WICH	aei Hombiook	2001	6	1	2001	6	30				
PARA	METER		UANTITY OR L	OADING	· · · · · · · · · · · · · · · · · · ·		OR CONCENTR	ATION 1	NO. EX	FREQUENCY OF	SAME
PARA		(46 52)	(EA CA)		(20 AE)	(46 52)	(EA 64)				1

DADAMETED	\smallsetminus	(3 Card Only) QL	JANTITY OR L	OADING	(4 Card Only)	QUALITY C	R CONCENTR	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	54.7	*****	54.7	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	7.1	(12) SU	0*	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	67.0	*****	92.0	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.39	2.26	(61) inches	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	*******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.4	1.4	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	4.00	*****	5.00	(19)	0*	01 / 30	GR
RESIDUAL 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

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) JUNE 2001 - 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: Michael Hornbrook

MA0103284					
PERMIT NUMBER					

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

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2001	6	1	2001	6	30				

*** NO DISCHARGE ***

MINOR

	$\overline{}$	(3 Card Only) Q	JANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	******	< 10	*****	< 10	(13) #/100mL	0	01 / 30	GR
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	*****	2.0	(8A) hours	*****	*****	*****	******	0	AL / EV	ос
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	*******	0	AL / EV	ос
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

9-NO SAMPLING CONDUCTED THIS MONTH C-NODI / NO DISCHARGE

Page 2 of 3

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284	
PERMIT NUMBER	

 JUNE 2001 - DISCHARGE MONITORING REPORT (DMR)

 .0103284
 C11 T

 IT NUMBER
 DISCHARGE NUMBER

F - FINAL CSO 211 - MONTHLY & QUARTERLY

MINOR

(SUBR E)

*** NO DISCHARGE

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	DAY					
2001	6	1	2001	6	30				

(3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC 9 MEASUREMENT **U CERICDAPHNIA** ****** % PERMIT REPORT ***** EFFLUENT ***** ***** ***** SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT SAMPLE (23) ***** LC50/PF STAT 24HR AC ***** 9 ***** ***** MEASUREMENT U D. PULEX ******* % PERMIT REPORT ***** ***** ***** ***** EFFLUENT SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TELEPHONE DATE THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS OFFICER IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED See original form for Michael F. Hornbrook INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT signature PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND (617)788-4359 07/16/2001 **Chief Operating Officer** IMPRISONMENT.