## COTTAGE FARM CSO

				COTTAG		50						
LAST UPDATED: SEPT 24 PERMITTEE NAME / ADDR			L POLLUTANT GUST 2001 - D					MINOR	MINOR (SUBR E)			
NAME MWRA	XESS DWN NAVY YARD	MA01	03284 NUMBER	]		C	)1 A GE NUMBER	F - FINA	۸Ĺ	ITHLY <u>&amp;Q</u> UARTE	ERLY	
100 FIRST A BOSTON M				MONITORI	NG PERIOD			*** NO [	DISCHA	RGE ***		
FACILITY MWRA			FROM			ТО						
LOCATION BOSTON M	A 02129	YEAR	MO	DAY	YEAR	MO	DAY					
ATTN: Michael Hornbrook		2001	8	1	2001	8	31					
	$\smallsetminus$ $\checkmark$	(3 Card Only) QI	JANTITY OR I	LOADING	(4 Card Only	) QUALITY O	R CONCENTR	RATION	NO. EX	FREQUENCY OF	SAMF	
PARAMETER	$\sim$	(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)	(6	
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****	****	9	*****	9	(19) mg/L				
(20 DEG. 0)				****	DEDODT		DEDODT	1119/L			1	

PARAMETER	$\smallsetminus$	(3 Card Only) Q	JANTITY OR L	OADING	(4 Card Only	QUALITY C		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	*****	****	****	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	4.14	0.17	(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	4.5	8.8	(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)			
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)

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

AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR) C01 A DISCHARGE NUMBER

F - FINAL CSO 201 - MONTHLY & QUARTERLY

\*\*\*

MINOR

(SUBR E)

\*\*\* NO DISCHARGE

		MONITORI	NG PERIOD		
	FROM			то	
YEAR	MO	DAY	YEAR	MO	DAY
2001	8	1	2001	8	31

NO. EX FREQUENCY OF SAMPLE TYPE (3 Card Only) **QUANTITY OR LOADING** (4 Card Only) QUALITY OR CONCENTRATION 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 9 9 MEASUREMENT GENERAL \*\*\*\*\*\* #/100mL PERMIT REPORT REPORT \*\*\*\*\* \*\*\*\*\* EFFLUENT \*\*\*\*\* FOUR/YEAR GRAB REQUIREMENT MO GEO MAXIMUM #/100ML SAMPLE (93) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* С BYPASS OF MEASUREMENT \*\*\*\*\*\*\* PERMIT TREATMENT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ALL EVENTS OCCURS REQUIREMENT EVENT TOT occur/mon SAMPLE (79) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* С DURATION OF MEASUREMENT \*\*\*\*\*\*\* PERMIT DISCHARGE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ALL EVENTS OCCURS CNTESTED REQUIREMENT hours/day SAMPLE (8A) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 6.8 0 AL / EV OC DISCHARGE DURATION MEASUREMENT \*\*\*\*\*\*\* hours EFFLUENT PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* CNTESTED ALL EVENTS OCCURS REQUIREMENT hours SAMPLE (93) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* AL / EV OC 3 0 DISCHARGE EVENT MEASUREMENT \*\*\*\*\*\* occur/mon PERMIT OBSERVATION REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* OCCURS ALL EVENTS REQUIREMENT EVENT TOT occur/mon

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

#### **COTTAGE FARM 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

MA0103284	
PERMIT NUMBER	Ī

AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR)
AA0103284
C01 T
MIT NUMBER
DISCHARGE NUMBER

F - FINAL CSO 201 - MONTHLY & QUARTERLY

\*\*\*

MINOR

(SUBR E)

\*\*\* NO DISCHARGE

	MONITORING PERIOD										
	FROM			то							
YEAR	MO	DAY	YEAR	MO	DAY						
2001	8	1	2001	8	31						

(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 0 MEASUREMENT MYSID. BAHIA \*\*\*\*\*\* % PERMIT REPORT \*\*\*\*\* EFFLUENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SEMI / ANNUAL COMPOSITE REQUIREMENT DAILY MN PERCENT SAMPLE (23) \*\*\*\*\* LC50/PF STAT 24HR AC \*\*\*\*\* 9 \*\*\*\*\* \*\*\*\*\* 0 MEASUREMENT MENIDIA \*\*\*\*\*\* % PERMIT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* EFFLUENT COMPOSITE SEMI / ANNUAL 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 9/28/01 **Chief Operating Officer** IMPRISONMENT.

### **PRISON POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA ADDRESS CHARLESTOWN NAVY YARD PE 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 YE ATTN: Michael Hornbrook 2001 8 1 

					(SUBR E)	
MA01	03284			CC	03 A	F - FINAL
ERMIT NUMBER			DISCHARC	GE NUMBER	CSO 203 - MONTHLY & QUARTERLY	
		MONITORI	NG PERIOD			
	FROM			то		
EAR	MO	DAY	YEAR	MO	DAY	
001	8	1	2001	8	31	

MINOR

PARAMETER	$\searrow$	(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)	QUALITY C	OR CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	****	*****	****	55.5	*****	55.5	(19)	0	01 / 31	CP
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
РН	SAMPLE MEASUREMENT	*****	*****	****	6.7	*****	6.7	(12) SU	0	01 / 31	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	130	*****	130	(19) mg/L	0	01 / 31	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	4.14	1.57	(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	13.6	24.5	(03)	*****	*****	*****	*******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	0.03	*****	0.03	(19)	0	01 / 31	GR
	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**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) AUGUST 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

C03 A DISCHARGE NUMBER (SUBR E) F - FINAL CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO	DAY	YEAR	MO	DAY					
2001	8	1	2001	8	31					

\*\*\* NO DISCHARGE 🗌 \*\*\*

MINOR

	$\overline{}$		UANTITY OR L	OADING	(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	
	$\sim$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*******	22	*****	22	(13) #/100mL	0	01 / 31	GR
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		*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	12.0	(8A) hours	*****	*****	*****	*******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	4	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	****			ALL EVENTS	OCCURS
								]			
								1			

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

### **PRISON POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR)

MINOR (SUBR E)

NAME MWRA MA0103284 C03 T ADDRESS CHARLESTOWN NAVY YARD F - FINAL PERMIT NUMBER DISCHARGE NUMBER CSO 203- 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 7 1 2000 7 31 (3 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE (4 Card Only) QUANTITY OR LOADING PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) (04.00)

(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)	0		
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)	0		
DAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI		THE INFORMA	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
	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.							9/28/01

## SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS NAME MWRA		L POLLUTAN <b>SUST 2001 - D</b>		MINOR (SUBR E)			
ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE	MA01 PERMIT		]		-	05 A GE NUMBER	F - FINAL CSO 205 - MONTHLY & QUARTERLY
BOSTON MA 02129 FACILITY MWRA	MONITORING PERIOD FROM TO						*** NO DISCHARGE ***
LOCATION BOSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY	
ATTN: Michael Hornbrook	2001	8	1	2001	8	31	

	$\smallsetminus$	(3 Card Only) Q	UANTITY OR L	OADING	(4 Card Only)	) QUALITY C	OR CONCENTR	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	$\sim$	(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	*****	*****	****	9	*****	9	(19)			
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L 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) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	4.14	1.57	(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	1.66	1.66	(03) mgd	*****	*****	****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(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 CSO

PERMITTEE NAME	NAME / ADDRESS MWRA		L POLLUTAN <sup>-</sup> G <b>UST 2001 - D</b>		MINC (SUB						
ADDRESS	CHARLESTOWN NAVY YARD 100 FIRST AVE		03284 NUMBER	]		C05 A DISCHARGE NUMBER			F - FINAL CSO 205 - MONTHLY & QUARTERLY		
FACILITY	BOSTON MA 02129 MWRA			MONITOR	NG PERIOD			*** N(			*
LOCATION	BOSTON MA 02129	FROM				то			0 2100		
	ael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY	T			
ATTN. MICH	der Hombrook	2001	8	1	2001	8	31	]			
										-	
		(3 Card Only) Q	UANTITY OR I	LOADING	(4 Card Only)	) QUALITY O	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE
	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

	$\overline{}$	(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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*******	9	*****	9	(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	*****	2.5	(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

## SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

1

PERMITTEE NAME / ADDRESS AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA MA0103284 ADDRESS CHARLESTOWN NAVY YARD PERMIT NU 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 YEAR ATTN: Michael Hornbrook MO 2001 8

UMBER			DISCHARC	SE NUMBER
	-			
	MONITORI	NG PERIOD		
FROM			то	
MO	DAY	YEAR	MO	DAY

2001

C05 T

31

8

CSO 205 - MONTHLY & QUARTERLY

MINOR

(SUBR E)

F - FINAL

\*\*\* NO DISCHARGE \*\*\*

PARAMETER (32-37)	$\searrow$	(3 Card Only) <b>QL</b> (46-53)	(54-61)		(38-45)	(46-53)	OR LOADING (54-61)		NO. EX	ANALYSIS	SAMPLE TYPE
LC50/PF STAT 24HR AC	SAMPLE	AVERAGE ******	MAXIMUM	UNITS	MINIMUM 9	AVERAGE	MAXIMUM	UNITS (23)	(62-63) 0	(64-68)	(69-70)
PIMPEPHALES	MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	*******	9	*****	*****	(23)	0		
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE I CERTIFY UNDER PENALTY OF LAW THAT OFFICER THE INFORMATION SUBMITTED HEREIN				HEREIN; AND B	BASED ON MY INC	QUIRY OF THOSE	E INDIVIDUALS		form for	TELEPHONE	DATE
Michael J. Ho Chief Operati	IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICA PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE ANI IMPRISONMENT.					RE SIGNIFICANT	See original signatu		(617)788-4359	9/28/01	

## SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLITIANT DISCHARGE FLIMINATION SYSTEM (NPDES)

PERMITTEE NAI	ME / ADDRESS WRA		_ POLLUTANT <b>UST 2001 - D</b>		MINOR (SUBR E)			
ADDRESS CH 10	HARLESTOWN NAVY YARD 00 FIRST AVE OSTON MA 02129	MA010 PERMIT N				-	25 A GE NUMBER	F - FINAL CSO 205 - MONTHLY & QUARTERLY
	WRA			MONITORI	NG PERIOD			*** NO DISCHARGE X ***
		FROM			то			
ATTN: Michael H	OSTON MA 02129	YEAR	MO	DAY	YEAR	MO	DAY	
ATTN. MICHAETT		2001	8	1	2001	8	31	

PARAMETER	$\searrow$	(3 Card Only) <b>QL</b> (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)	QUALITY C	R CONCENTR (54-61)	RATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	****		*****		(12)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
SUSPENDED EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	4.14	1.57	(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	0.0	0.0	(03)	*****	*****	*****	******	0	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

\* - UNDERGOING FACILITY UPGRADE 9-NO SAMPLING CONDUCTED THIS MONTH

## SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) AUGUST 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

C25 A DISCHARGE NUMBER (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM			ТО					
YEAR	MO	DAY	YEAR	MO	DAY				
2001	8	1	2001	8	31				

\*\*\* NO DISCHARGE X \*\*\*

MINOR

	$\smallsetminus$		JANTITY OR L	OADING	· ·			RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	$\sim$	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	$\nearrow$	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	*****	0.0	(8A) HOURS	*****	*****	*****	*******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) OCC/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

# SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS	NATION	AL POLLUTAN	T DISCHARG	MINOR			
NAME MWRA		GUST 2001 - D	(SUBR E)				
ADDRESS CHARLESTOWN NAVY	YARD MAO	103284	1		C2	25 T	F - FINAL
100 FIRST AVE	PERMIT	NUMBER			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	8	1	2001	8	31	

PARAMETER	$\smallsetminus$		JANTITY OR L	OADING	````		OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	$\sim$	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(02 07)	$\nearrow$	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	R PENALTY OF LA TION SUBMITTED RESPONSIBLE F	HEREIN; AND I	BASED ON MY INC	QUIRY OF THOSE		See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operatir		INFORMATION IS		E AND COMPLE	ETE. I AM AWAR	E THAT THERE A	RE SIGNIFICANT	signatu		(617)788-4359	9/28/01

### FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS AUGUST 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 8 2001 1

\*\*\* NO DISCHARGE 🔲 \*\*\*

CSO 209 - MONTHLY & QUARTERLY

MINOR

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(SUBR E)

F - FINAL

	$\overline{}$	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUALITY C		RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
	$\sim$	(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)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
SUSPENDED EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	4.14	1.57	(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	0.4	0.4	(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)			
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

#### FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) AUGUST 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	
	,
	MONITORING PER

ES) MINOR (SUBR E) F - FINAL

C09 A

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

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\*\*\* NO DISCHARGE

MONITORING PERIOD									
	FROM			то					
YEAR	MO	DAY	YEAR	MO	DAY				
2001	7	1	2001	7	31				

(3 Card Only) QUANTITY OR LOADING SAMPLE TYPE (4 Card Only) QUALITY OR CONCENTRATION NO. EX FREQUENCY OF (46-53) (38-45) (46-53) (54-61) 1 (54-61) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (13) COLIFORM, FECAL \*\*\*\*\* \*\*\*\*\* 9 \*\*\*\*\* 9 MEASUREMENT \*\*\*\*\*\*\* GENERAL #/100mL REPORT PERMIT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* EFFLUENT FOUR/YEAR GRAB REQUIREMENT MO GEO MAXIMUM #/100ML SAMPLE (93) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* С BYPASS OF MEASUREMENT \*\*\*\*\*\*\* PERMIT TREATMENT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ALL EVENTS OCCURS REQUIREMENT EVENT TOT occur/mon SAMPLE (79) \*\*\*\*\* С \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT DURATION OF \*\*\*\*\*\*\* DISCHARGE PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **CNTESTED** ALL EVENTS OCCURS hours/day REQUIREMENT SAMPLE (8A) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.6 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) AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR)

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

MA01	03284			CO	)9 T
PERMIT I	NUMBER			DISCHARC	GE NUMBER
		-			
		MONITORI	NG PERIOD		
	FROM			ТО	
YEAR	MO	DAY	YEAR	MO	DAY
2001	7	1	2001	7	31
	PERMIT I	YEAR MO	PERMIT NUMBER MONITORIN FROM YEAR MO DAY	PERMIT NUMBER MONITORING PERIOD FROM YEAR MO DAY YEAR	PERMIT NUMBER     DISCHARC       MONITORING PERIOD     TO       FROM     TO       YEAR     MO     DAY

MINOR (SUBR E)

F - FINAL

\*\*\* NO DISCHARGE

CSO 209 - MONTHLY & QUARTERLY

\*\*\*

	FROM			то	
YEAR	MO	DAY	YEAR	MO	DAY
2001	7	1	2001	7	31

(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) MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS AVERAGE (62-63) (64-68) (69-70) SAMPLE (23) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* LC50/PF STAT 24HR AC 9 0 MEASUREMENT PIMPEPHALES \*\*\*\*\*\* % PERMIT REPORT \*\*\*\*\* EFFLUENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT SAMPLE (23) \*\*\*\*\* LC50/PF STAT 24HR AC \*\*\*\*\* 9 \*\*\*\*\* \*\*\*\*\* 0 MEASUREMENT DAPHNIA \*\*\*\*\*\* % PERMIT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* EFFLUENT COMP24 SEMI / ANNUAL 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 9/28/01 **Chief Operating Officer** IMPRISONMENT.

#### **COMMERCIAL POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA MA0103284 ADDRESS CHARLESTOWN NAVY YARD PERMIT NUMBER 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 ATTN: Michael Hornbrook

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

\*\*\* NO DISCHARGE

\*\*\*

MINOR

MONITORING PERIOD							
	FROM			то			
YEAR	MO	DAY	YEAR	MO	DAY		
2001	8	1	2001	8	31		

(3 Card Only) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION FREQUENCY OF SAMPLE TYPE NO. EX 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 (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* BOD, 5 - DAY 9 9 \*\*\*\* MEASUREMENT (20 DEG. C) PERMIT \*\*\*\* REPORT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* EFFLUENT FOUR/YEAR COMPOS REQUIREMENT **AVERAGE** MAXIMUM mg/L SAMPLE (12) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 9 9 \*\*\*\* PH MEASUREMENT SU EFFLUENT \*\*\*\* 6.5 8.3 PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* FOUR/YEAR GRAB REQUIREMENT MINIMUM MAXIMUM SU SAMPLE (19) \*\*\*\*\* \*\*\*\*\* SOLIDS, TOTAL \*\*\*\*\* 9 9 \*\*\*\* MEASUREMENT SUSPENDED mg/L PERMIT \*\*\*\* REPORT REPORT \*\*\*\*\* EFFLUENT \*\*\*\*\* \*\*\*\*\* FOUR/YEAR COMPOS REQUIREMENT **AVERAGE** MAXIMUM mg/L SAMPLE (61) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 4.14 1.57 0 AL/EV RC RAINFALL MEASUREMENT \*\*\*\*\*\* inches EFFLUENT PERMIT REPORT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ALL EVENTS RCORDR REQUIREMENT MO TOTAL MAXIMUM inches FLOW, SAMPLE (3R) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.0 0.0 0 99 / 99 CN WASTEWATER MEASUREMENT \*\*\*\*\*\*\* mgal BYPASSING PERMIT CNTESTED CNTESTED \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* CONTINUOUS CONTINUOUS REQUIREMENT TREATMENT PLANT MO AVG DAILY MAX mgal SAMPLE FLOW. IN CONDUIT OR (03) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 2.2 4.8 0 99 / 99 CN THRU TREATMENT MEASUREMENT \*\*\*\*\*\*\* mgd PLANT PERMIT CNTESTED CNTESTED \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* CONTINUOUS CONTINUOUS EFFLUENT REQUIREMENT MO AVG DAILY MAX mgd SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* CHLORINE, TOTAL 9 9 \*\*\*\* MEASUREMENT RESIDUAL mg/L PERMIT \*\*\*\* 0.1 0.25 EFFLUENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* FOUR/YEAR GRAB AVERAGE REQUIREMENT MAX HR RT mg/L

\* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

## **COMMERCIAL POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) AUGUST 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	8	1	2001	8	31		

\*\*\* NO DISCHARGE \*\*\*

MINOR

	$\smallsetminus$	(3 Card Only) Q	JANTITY OR L	OADING	(4 Card Only)	QUALITY O		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	*****	*****	*******	9	*****	9	(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	*****	21.0	(8A)	*****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	3	(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

#### **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 Hornbrook

MA0103284
PERMIT NUMBER

AUGUST 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284

C11 T

MIT NUMBER

DISCHARGE NUMBER

F - FINAL CSO 211 - MONTHLY & QUARTERLY

\*\*\*

MINOR

(SUBR E)

\*\*\* NO DISCHARGE

MONITORING PERIOD					
FROM			ТО		
YEAR	MO	DAY	YEAR	MO	DAY
2001	8	1	2001	8	31

(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 0 MEASUREMENT **U CERICDAPHNIA** \*\*\*\*\*\* % PERMIT REPORT \*\*\*\*\* EFFLUENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT SAMPLE (23) \*\*\*\*\* LC50/PF STAT 24HR AC \*\*\*\*\* 9 \*\*\*\*\* \*\*\*\*\* 0 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 9/28/01 **Chief Operating Officer** IMPRISONMENT.