COTTAGE FARM CSO

LAST UPDATED: Nov 14, 2001 PERMITTEE NAME / ADDRESS

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

MINOR (SUBR E)

NAME

MWRA

MA0103284

F - FINAL

ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE

PERMIT NUMBER

C01 A DISCHARGE NUMBER

CSO 201- MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

MONITORING PERIOD								
	FROM			TO				
YEAR	MO	DAY	YEAR	MO	DAY			
2001	10	1	2001	10	31			

DADAMETED		(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only) QUALITY (OR CONCENTI	RATION	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)
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) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	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	0.97	0.77	(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) mgal	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	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	SAMPLE MEASUREMENT	*****	****	***		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	****	****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPD	ES)
--	-----

MONITORING PERIOD

YEAR

2001

DAY

OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)
MA0103284 C01 A

PERMIT NUMBER

YEAR

2001

FROM

МО

10

C01 A DISCHARGE NUMBER

DAY

31

TO

МО

10

MINOR (SUBR E) F - FINAL

CSO 201 - MONTHLY & QUARTERLY

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

1		(3 Card Only) QI (46-53)	(54-61)	LOADING	(4 Card Only) QUALITY C	OR CONCENTI	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	(====)	(2. 23)	(33.13)	
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB	
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****	*****			
FREATMENT	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	ОС	
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS	
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) occur/mon	*****	*****	*****	*****	0	AL / EV	ОС	
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS	

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME **MWRA**

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTE					
	ΝΔΤΙΩΝΙΔΙ	POLLITANT	DISCHARGE	ELIMINIATION	SYSTE

EM (NPDES) OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C01 T PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD FROM TO VEAR MO DAY VEAR MO DAY						
	FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY	
2001	10	1	2001	10	31	

MINOR (SUBR E) F - FINAL

CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***	***	NO DISCHARGE	X	***	
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PARAMETER		(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only) QUANTITY	OR LOADING	;	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\times	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)	•		ANALYSIS	
(62 67)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC MYSID. BAHIA	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		WITH THE INFOR		ED HEREIN; AI	ND BASED ON MY	Y INQUIRY OF TH	OSE INDIVIDUALS		form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.					See original form for signature		(617)788-4359	11/15/01	

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

	AL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NP	,
OC	TOBER 2001 - DISCHARGE MONITORING REPORT (DMR	()

MA0103284 C03 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL CSO 203 -

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

	MONITORING PERIOD								
	FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY				
2001	10	1	2001	10	31				

PARAMETER		, ,, ,	JANTITY OR I	OADING	,	•	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\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)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	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	0.97	0.77	(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	2.8	4.2	(03)	*****	*****	****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	****	******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{*-}UNDERGOING FACILITY UPGRADE

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 (I	NPDES)

 OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C03 A

 PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2001	10	1	2001	10	31				

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

MINOR

*** NO DISCHARGE

1		(3 Card Only) QI	JANTITY OR (54-61)	LOADING	(4 Card Only	QUALITY C	OR CONCENTI	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	*****	*****	******	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		*****	*****	****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	****	С	(79) hours/day	*****	*****	****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	4.0	(8A) hours	*****	*****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	2	(93) occur/mon	*****	*****	*****	*****	0	AL / EV	ОС
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)

 OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C03 T

 PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY									
			MONITORIN	NG PERIOD					
Γ		FROM		ТО					
ſ	YEAR	MO	DAY	YEAR	MO	DAY			
Γ	2001	10	1	2000	10	31			

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 203- MONTHLY & QUARTERLY

		2001	10	1	2000	10	31				
		(3 Card Only) QI	IANTITY OR I	CADING	// Cord Only	OHANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		(3 Card Only) Q ((54-61)	LUADING	(4 Card Only (38-45)	(46-53)	(54-61)	,	NO. LX	ANALYSIS	SAMILLITTL
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)	(== ==)	(0.00)	(55.13)
PIMPEPHALES 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		WITH THE INFOR	DER PENALTY OF MATION SUBMITT RESPONSIBLE F	ED HEREIN; AI	ND BASED ON MY	/ INQUIRY OF TH	OSE INDIVIDUALS		form for	TELEPHONE	DATE
Michael J. H Chief Operati		INFORMATION IS	TRUE, ACCURATER SUBMITTING FA	E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT			(617)788-4359	11/15/01
O NO CAMPLING CONDUCTED	TI IIO MONTI I										Dogo 2 of 2

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD				
	FROM		TO				
YEAR	MO	DAY	YEAR	MO	DAY		
2001	10	1	2001	10	31		

PARAMETER		(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only) QUALITY (OR CONCENT	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	*****	****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	****	****	9	*****	9	(12) - SU SU			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM			FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19) mg/L mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM			FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.97	0.77	(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) mgal	*****	*****	*****	*****	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	0.36	0.36	(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

Page 1 of 3

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION	N SYSTEM (NPDES)

 OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C05 A

 PERMIT NUMBER
 DISCHARGE NUMBER

 MONITORING PERIOD

 FROM
 TO

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 2001
 10
 1
 2001
 10
 31

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

1		(3 Card Only) Q I (46-53)	UANTITY OR 1 (54-61)	LOADING	(4 Card Only (38-45)	y) QUALITY O (46-53)	OR CONCENTI (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	*****	*****	*****	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	*****	0.8	(8A) hours	*****	****	****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93)	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
1											

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 PERMIT NUMBER DISCHARGE NUMBER MINOR (SUBR E) F - FINAL

C05 T

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

		MONITORIN	NG PERIOD					
	FROM		TO					
YEAR	YEAR MO		YEAR	MO	DAY			
2001	10	1	2001	10	31			

PARAMETER		(3 Card Only) Ql		LOADING	`	,	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	*****	*****		9			(23)					
PIMPEPHALES 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		WITH THE INFOR		ED HEREIN; AI	ND BASED ON MY	Y INQUIRY OF TH	OSE INDIVIDUALS	See original	form for	TELEPHONE	DATE		
	Michael J. Hornbrook Chief Operating Officer			IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						(617)788-4359	11/15/01		

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) OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER DISCHARGE NUMBER MINOR (SUBR E) F - FINAL

C25 A

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD								
	FROM		TO					
YEAR	MO	DAY	YEAR MO DA					
2001	10	1	2001	10	31			

PARAMETER			JANTITY OR L	OADING	`	,	OR CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
, ,		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	0.97	0.77	(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	0.0	0.0	(03) MGD	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	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

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

DAY

FROM

МО

10

YEAR

2001

OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25 A PERMIT NUMBER DISCHARGE NUMBER

2001

-			
MONITORIN	NG PERIOD		
		TO	
DAY	YEAR	MO	DAY

10

31

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

***	NO DISCHARGE	X	***

		(3 Card Only) QI		LOADING	•	•	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)	1	(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	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

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)
OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER
 G REPORT (DMR)
 (SU

 C25 T
 F - I

 DISCHARGE NUMBER
 CSO

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

*** NO DISCHARGE X ***

MONITORING PERIOD								
	FROM		TO					
YEAR	MO	DAY	YEAR MO DA					
2001	10	1	2001	10	31			

DADAMETER		(3 Card Only) Ql	JANTITY OR I	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 PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
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		WITH THE INFOR		ED HEREIN; A	ND BASED ON MY	/ INQUIRY OF TH	OSE INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. H Chief Operati		IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. See original form for signature (617)788-4				(617)788-4359	11/15/01				

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)
OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

C09 A

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD						
	FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY	
2001	10	1	2001	10	31	

DADAMETED		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only) QUALITY C	OR CONCENT	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			****				m a /l			
(20 DEG. C) IEFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	mg/L		FOUR/YEAR	COMPOS
ELLEGENI	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOUR/TEAR	COMPOS
	SAMPLE	*****	*****			*****		(12)			
PH	MEASUREMENT			****				SU			
EFFLUENT	PERMIT	*****	*****	****	6.5	*****	8.3	30		FOUR/YEAR	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	SU		FOUR/TEAR	GRAB
SOLIDS, TOTAL	SAMPLE	*****	*****			*****		(19)			
SUSPENDED	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	IIIg/L		FOUR/YEAR	COMPOS
ETT EGENT	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOORTEAR	COMPOS
	SAMPLE	0.97	0.77	(61)	*****	*****	*****		0	AL / EV	RC
RAINFALL	MEASUREMENT		-	inches				******	U	AL / LV	NO
EFFLUENT	PERMIT	REPORT	REPORT	moneo	*****	*****	*****			ALL EVENTS	RCORDR
	REQUIREMENT	MO TOTAL	MAXIMUM	inches						ALLEVENTO	ROORDIX
FLOW,	SAMPLE	0.0	0.0	(3R)	*****	*****	*****		0	99 / 99	CN
WASTEWATER	MEASUREMENT			mgal				******	Ů	00700	011
BYPASSING	PERMIT	CNTESTED	CNTESTED	mgai	*****	*****	*****			CONTINUOUS	CONTINUOUS
TREATMENT PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal						00111110000	00111110000
FLOW, IN CONDUIT OR	SAMPLE	0.0	0.0	(03)	*****	*****	*****		0	99 / 99	CN
THRU TREATMENT	MEASUREMENT			mgd				******			0.11
PLANT	PERMIT	CNTESTED	CNTESTED	•	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd							00111110000
CHLORINE, TOTAL	SAMPLE	*****	*****			*****		(19)			
RESIDUAL	MEASUREMENT			****				mg/L			
EFFLUENT	PERMIT	*****	*****	****	0.1	*****	0.25	3		FOUR/YEAR	GRAB
2 =	REQUIREMENT				AVERAGE		MAX HR RT	mg/L		. 551012/110	0.00

^{* -} UNDERGOING FACILITY UPGRADE

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)
OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

		MONITORIN	NG PERIOD							
	FROM			TO						
YEAR	MO	DAY	YEAR	MO	DAY					
2001	10	1	2001	10	31					

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE	X	***

1	(3 Card Only) QI (46-53)	UANTITY OR I (54-61)	LOADING	(4 Card Only (38-45)	(46-53)	OR CONCENTI (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 TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****		ALL EVENTS	OCCURS			
DISCHARGE	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	0.0	(8A)	*****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

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 SYSTE	M (NPDES
--------------------	-----------------------------	----------

OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)
MA0103284 C09 T

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY									
YEAR	MO	DAY	YEAR	MO	DAY				
2001	10	1	2001	10	31				

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	(54-61)		(38-45)	(46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(02 01)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
PIMPEPHALES PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****]	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI OFFICE		WITH THE INFOR		ED HEREIN; A	ND BASED ON MY	/ INQUIRY OF TH	OSE INDIVIDUALS		form for	TELEPHONE	DATE
Michael J. He Chief Operation	INFORMATION IS	RESPONSIBLE F TRUE, ACCURAT R SUBMITTING FA	E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	See original signati		(617)788-4359	11/15/01	
9-NO SAMPLING CONDUCTED 1	THIS MONTH							!		!	Page 3 of 3

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

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

MA0103284 PERMIT NUMBER

MINOR (SUBR E) F - FINAL DISCHARGE NUMBER

C11 A

CSO 211- MONTHLY & QUARTERLY

*** NO DISCHARGE ____ ***

MONITORING PERIOD TO YEAR MO DAY YEAR MO DAY 2001 10 21								
	FROM TO							
YEAR	MO	DAY	YEAR	MO	DAY			
2001	10	1	2001	10	31			
	MO	DAY 1		MO				

PARAMETER		(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only) QUALITY C	OR CONCENT	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	****	*****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	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	0.97	0.77	(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) mgal	*****	*****	*****	*****	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.4	1.5	(03)	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	****	*****	***	9	*****	9	(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

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)
COTODED COAL DISCULADOS MONUTODINO DEDOCT (DMD)

 OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C11 A

 PERMIT NUMBER
 DISCHARGE NUMBER

MINOR **T (DMR)** (SUBR E)

C11 A F - FINAL

RGE NUMBER CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE ____ ***

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2001	10	1	2001	10	31				

1		(3 Card Only) QI	UANTITY OR I	LOADING	(4 Card Only	y) QUALITY C	OR CONCENTI	RATION	NO. EX FREQUENCY OF S ANALYSIS	SAMPLE TYPE	
ľ		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)	(=====	(0.00)	(/
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 DISCHARGE	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	1.6	(8A) hours	*****	*****	*****	****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	2	(93)	*****	*****	*****	****	0	AL / EV	ОС
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)
OCTOBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C11 T
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE ___ ***

MONITORING PERIOD								
	FROM		ТО					
YEAR	MO	DAY	YEAR	MO	DAY			
2001	10	1	2001	10	31			

PARAMETER		(3 Card Only) QUANTITY OR LOADING			(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 U CERICDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	****	*****	9	*****	*****	(23)			
	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) % PERCENT			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****			SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUAL				See original form for		TELEPHONE	DATE		
Michael F. Hornbrook Chief Operating Officer		IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICAN PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						(617)788-4359	11/15/01		

9-NO SAMPLING CONDUCTED THIS MONTH

Page 3 of 3