COTTAGE FARM CSO

LAST UPDATED: DEC 12, 2001 PERMITTEE NAME / ADDRESS

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

MINOR (SUBR E)

NAME

MWRA

MA0103284

F - FINAL

C01 A

ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE

PERMIT NUMBER

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	11	1	2001	11	30				

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	(54-61)		(38-45)	(46-53)	OR CONCENTI (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 SUSPENDED	SAMPLE MEASUREMENT	*****	****	****		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.73	0.19	(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	0.0	0.0	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT	PERMIT	CNTESTED	CNTESTED	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd				(19)			
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT *- LINDERGOING FACILITY LIPS	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	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 (NPI	DES)
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NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C01 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR
(SUBR E)
F - FINAL
CSO 201

CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO DA'						
2001	11	1	2001	11	30					

		, , , ,			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/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	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 SYSTEM (NPDES)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

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

C01 T

CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO DAY		YEAR	MO	DAY					
2001	11	1	1 2001 11 30							

PARAMETER		(3 Card Only) Ql		OADING	`	,	OR LOADING	i	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)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
MYSID. BAHIA 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 PRINCI OFFICE		WITH THE INFOR	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS					See original	form for	TELEPHONE	DATE
Michael J. 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)788-4359	12/17/01		
A NO SAMPLING CONDUCTED T	THE MONTH										Page 3 of 3

9-NO SAMPLING CONDUCTED THIS MONTH

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 (NPL	DES)
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NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR) MA0103284 PERMIT NUMBER

C03 A DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2001	11	1	2001	11	30					

PARAMETER		(3 Card Only) Ql		OADING	,	•	OR CONCENTI	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	*****	*****	****		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	***		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	****	****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.73	0.19	(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	0.0	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

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)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA010328	4			C03 A				
PERMIT NUM	BER			DIS	CHARG	E NU	MBE	

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

	MONITORING PERIOD										
	FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY						
2001	11	1	2001	11	30						

		(3 Card Only) QI	UANTITY OR I	LOADING	(4 Card Only) QUALITY C	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
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	*****	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

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	FI IMINATION	SYSTEM	(NPDES)
	I OLLO I AINI	DISCHARGE		SISILIVI	(IVI DES)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C03 T
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

YEAR

2000

DAY

TO

МО

11

DAY

30

FROM

MO

11

YEAR

2001

MINOR (SUBR E) F - FINAL

CSO 203- MONTHLY & QUARTERLY

*** NO DISCHARGE X	
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PARAMETER (32-37)		(3 Card Only) Ql (46-53)	JANTITY OR (54-61)	LOADING	(4 Card Only (38-45)) QUANTITY (46-53)	OR LOADING	ì	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
PIMPEPHALES EFFLUENT	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; AI	ND BASED ON MY	/ INQUIRY OF TH	OSE INDIVIDUALS	Coo original	form for	TELEPHONE	DATE
Michael J. H Chief Operati		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	12/17/01
9-NO SAMPLING CONDUCTED	THIS MONTH							!			Page 3 of 3

9-NO SAMPLING CONDUCTED THIS MONTH

Page 3 of 3

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

MA0103284 PERMIT NUMBER G REPORT (DMR)

C05 A

DISCHARGE NUMBER

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

		MONITORIN	NG PERIOD					
	FROM TO							
YEAR	MO	DAY	YEAR	MO	DAY			
2001	11	1	2001	11	30			

PARAMETER		(3 Card Only) Ql (46-53)	JANTITY OR I	OADING	(4 Card Only (38-45)	(46-53)	OR CONCENTI (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) 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	0.73	0.19	(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	0.00	0.00	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT	PERMIT	CNTESTED	CNTESTED	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	REQUIREMENT SAMPLE MEASUREMENT	MO AVG *****	DAILY MAX	mgd ****		*****		(19)			
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

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 (NPD
--

MA0103284 C05 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD TO					
	FROM		TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	11	1	2001	11	30

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

		2001	11	1	2001	11	30				
		(3 Card Only) QI		LOADING	,	•	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***************************************	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	****	CNTESTED	hours/day	*****	****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	****	0.0	(8A) hours	*****	****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	****	CNTESTED	hours	*****	****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	****	0	(93)	*****	****	*****	*****	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
			•	•					•		

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM ((NPDFS)
TWATTOTALET OLLOW AND DIOOTS AROL LLIMING ATTOTACTOTIC IN (,

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

FROM

MO

11

YEAR

2001

MINOR (SUBR E) F - FINAL

C05 T

DISCHARGE NUMBER

DAY

30

TO

МО

11

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR I	OADING	(4 Card Only	y) QUANTITY (46-53)	OR LOADING (54-61)	ì	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC 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 M	Y INQUIRY OF TH	IOSE 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	12/17/01
NO SAMPLING CONDLICTED T										· · · · · · · · · · · · · · · · · · ·	Page 3 of 3

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)
NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

DAY

MA0103284 PERMIT NUMBER

YEAR

2001

FROM

МО

11

C25 A
DISCHARGE NUMBER

DAY

30

TO

МО

11

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

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)		4	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) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	0.73	0.19	(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)	*****	*****	****	*****	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

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 D	DISCHARGE ELIMINATION SYSTEM (NPDES)
147 (11014) (E 1 0 E E 0 17 (14 1 E	DIOON IN COL ELIMINA (TION OF OF LIM (MI DEO)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

FROM

MO

11

YEAR

2001

MA0103284 C25 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2001

TO

МО

11

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

	*** NO DISCHARGE X ***
DAY	

30

		(3 Card Only) QI		LOADING	`	,	OR CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(46-53)	(54-61)	LINUTO	(38-45)	(46-53)	(54-61)		-	ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	******		*****		(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	******		ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	0.0	(8A) HOURS	*****	*****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93) OCC/MON	*****	*****	*****	*****	0	AL / EV	ОС
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

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DM	
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NF	DES

MA0103284 PERMIT NUMBER

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

C25 T

CSO 205 - MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD				
	FROM		TO				
YEAR	MO	DAY	YEAR	MO	DAY		
2001	11	1	2001	11	30		

PARAMETER		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only	QUANTITY (46-53)	OR LOADING (54-61)	;	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC 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
				ı							
NAME / TITLE PRINCI OFFICE		WITH THE INFOR	DER PENALTY OF MATION SUBMITT RESPONSIBLE F	ED HEREIN; AI	ND BASED ON MY	Y INQUIRY OF TH	IOSE INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		INFORMATION IS		E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	signati		(617)788-4359	12/17/01

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)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

C09 A

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD				
FROM TO							
YEAR	MO	DAY	YEAR	MO	DAY		
2001	11	1	2001	11	30		

PARAMETER		(3 Card Only) Ql		OADING	,	•	OR CONCENTI	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(62 67)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	****	****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	****	***		*****		(12) 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	0.73	0.19	(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	0.0	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

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 (N	IPDES)
--	--------

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

FROM

МО

11

YEAR

2001

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2001

TO

МО

11

DAY

30

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE

1		(3 Card Only) Q I	UANTITY OR (54-61)	LOADING	(4 Card Only	y) QUALITY C	OR CONCENTI	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
'		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	****	*****		*****		(13) #/100mL	(02 00)	(0.00)	(30 7.0)
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	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	0	(93)	*****	*****	*****	*****	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
				1							

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

|--|

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 T
PERMIT NUMBER DISCHARGE NUMBER

		MONITORIN	NG PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2001	11	1	2001	11	30

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

PARAMETER		, ,, ,	JANTITY OR I	OADING	`	,	OR LOADING	i	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)
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		WITH THE INFOR	L DER PENALTY OF MATION SUBMITT RESPONSIBLE F	ED HEREIN; AI	ND BASED ON MY	Y INQUIRY OF TH	OSE INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael J. H Chief Operati		INFORMATION IS		E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	signati		(617)788-4359	12/17/01
9 NO SAMPLING CONDUCTED T	THE MONTH	ļ								ļ	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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	(NPDES)
NATIONAL POLLOTANT DISCHARGE ELIMINATION STSTEM	(NFDES)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL CSO 211- MONTHI

CSO 211- MONTHLY & QUARTERLY

	MONITORING PERIOD TO				
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2001	11	1	2001	11	30

PARAMETER		(3 Card Only) Ql		OADING	,	•	OR CONCENTI	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)			
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	0.73	0.19	(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	0.0	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

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 (I	NPDES,
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NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY 2001 11 1 2001 11 30					
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2001	11	1	2001	11	30

		(3 Card Only) QI		LOADING	`	,	R CONCENTI	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS		ANALYSIS	(00 =0)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	******	MINIMON	*****	WAXIWOW	(13)	(62-63)	(64-68)	(69-70)
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	*****	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

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)

NOVEMBER 2001 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2001

MA0103284
PERMIT NUMBER

DAY

FROM

MO

11

YEAR

2001

MINOR (SUBR E) F - FINAL

C11 T

DISCHARGE NUMBER

DAY

30

TO

МО

11

CSO 211 - MONTHLY & QUARTERLY

PARAMETER		(3 Card Only) Ql	JANTITY OR I	LOADING	(4 Card Only) QUANTITY	OR LOADING)	NO. EX	FREQUENCY OF	SAMPLE TYPE
	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
U CERICDAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX	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	Soo original	form for	TELEPHONE	DATE
Michael F. H Chief Operati		INFORMATION IS	RESPONSIBLE F TRUE, ACCURAT R SUBMITTING F	E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	See original signati		(617)788-4359	12/17/01
NO SAMPLING CONDUCTED T	THE MONTH	ļ						ļ		ļ ļ	Page 3 of 3