COTTAGE FARM CSO

LAST UPDATED: FEB 13, 2002 PERMITTEE NAME / ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MINOR (SUBR E)

NAME

MWRA

F - FINAL

*** NO DISCHARGE

ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE

MA0103284 C01 A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

CSO 201- MONTHLY & QUARTERLY

BOSTON MA 02129

FACILITY

LOCATIO

ATTN: N

ITY MWRA	02.20		FROM			TO					
TION BOSTON M	IA 02129	YEAR	MO	DAY	YEAR	MO	DAY				
Michael Hornbrook		2002	1	1	2002	1	31				
								-			
DADAMETED		(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only) QUALITY C	R CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	\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)
5 - DAY	SAMPLE	*****	*****		0	*****	9	(19)			
5 - DAT EG. C)	MEASUREMENT			****	9		9	mg/L			
LG. C)	PERMIT	*****	*****	****	REPORT	*****	REPORT	mg/L		FOLIDATEAD	COMPOS

		(5 Card Crity)	JANTIN OK	LOADING	(+ Cara Crity	, QUALITIC	on concent				
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 (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
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	3.10	0.80	(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	3.6	3.6	(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

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)
JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C01 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	DAY						
2002	1	1	2002	1	31					

		, , ,	UANTITY OR I	LOADING	`	,	OR CONCENT	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	occurs
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	4.0	(8A) hours	*****	*****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
											<u> </u>

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME **MWRA**

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

SAMPLE

MEASUREMENT

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

PARAMETER

(32-37)

LC50/PF STAT 24HR AC

ΝΔΤΙΩΝΔΙ	POLLITANT	DISCHARGE	ELIMINATION	SYSTEM
INATIONAL	FULLUTAINT	DISCHARGE	LLIMINATION	SISILIVI

UNITS

(3 Card Only) QUANTITY OR LOADING

(54-61)

MAXIMUM

(46-53)

AVERAGE

(NPDES) JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C01 T PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO	DAY	MO	DAY						
2002	1	1	31							

MINOR (SUBR E) F - FINAL CSO 201 - MONTHLY & QUARTERLY

				İ	¬					
I٢	NG PERIOD			*** NC	DISC	HARGE Lagrand ***				
		TO								
	YEAR	MO	DAY							
	2002	1	31							
				-						
	(4 Card Only	QUANTITY	OR LOADING	i	NO. EX	FREQUENCY OF	SAMPLE TYPE			
	(38-45)	(46-53)	(54-61)			ANALYSIS				
	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)			
	9	*****	*****	(23)						
	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE			
	9	*****	*****	(23)						
	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE			

MYSID. BAHIA	MEASUREMENT			*****				%			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCI OFFICE		WITH THE INFOR		ΓED HEREIN; ΑΙ	ND BASED ON MY	INQUIRY OF TH	OSE INDIVIDUAL	See original	form for	TELEPHONE	DATE
Michael J. H Chief Operati	INFORMATION IS	Y RESPONSIBLE F S TRUE, ACCURAT OR SUBMITTING F	TE AND COMPL ALSE INFORMA	ETE. I AM AWAR	E THAT THERE	ARE SIGNIFICANT			(617)788-4359	2/15/02	

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)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)
MA0103284 C03 A

MA0103284 C03 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD										
	FROM			TO						
YEAR	MO	DAY	YEAR	MO	DAY					
2002	1	1	2002	1	31					

BABAMETER		(3 Card Only) QI	JANTITY OR I	OADING	(4 Card Only) QUALITY C	R 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 MEASUREMENT	*****	*****	***	9	*****	9	(19)			
(20 DEG. C) 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	3.10	0.80	(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	5.3	6.3	(03)	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

Page 1 of 3

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	. POLLUTAN	DISCHARGE	ELIMINATION SYSTE	EM (NPDES)

 JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C03 A

 PERMIT NUMBER
 DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 203 - MONTHLY & QUARTERLY

	MONITORING PERIOD										
FROM TO											
YEAR	MO	DAY	YEAR	MO	DAY						
2001	12	1	2001	12	31						

		(3 Card Only) QI	JANTITY 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	*****	*****	*****	9	*****	9	(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	*****	10.8	(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)

FROM

МО

YEAR

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C03 T PERMIT NUMBER DISCHARGE NUMBER

		ממממ	DE NOMBER
-			
MONITORIN	IG PERIOD	•	·
•		TO	·
DAY	YEAR	MO	DAY

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 203- MONTHLY & QUARTERLY

		2002		ı	2002	ı	31				
		1							=\	I ====================================	0.115, 5.77, 5.7
PARAMETER		(3 Card Only) QI		LOADING	,	,	OR LOADING	3	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****		9	*****	*****	(23)	(02-03)	(04-06)	(69-70)
PIMPEPHALES EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	****	****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI OFFICE		WITH THE INFOR		TED HEREIN; A	ND BASED ON MY	INQUIRY OF TH	OSE INDIVIDUAL		form for	TELEPHONE	DATE
Michael J. H Chief Operati	INFORMATION IS	Y RESPONSIBLE F S TRUE, ACCURAT PR SUBMITTING FA	TE AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	See original form for signature			2/15/02	

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)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

	MONITORING PERIOD										
FROM TO											
YEAR	MO	DAY	YEAR	YEAR MO D							
2002	1	1	2002	1	31						

PARAMETER		(3 Card Only) QI	JANTITY OR I	OADING	(4 Card Only	QUALITY C	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	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
(20 DEG. C) 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	3.10	0.80	(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	0.60	1.10	(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

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)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO DAY		YEAR	MO	DAY					
2002	1	1	2002	1	31					

		(3 Card Only) Ql	JANTITY OR	LOADING	(4 Card Only) QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	****	*****	******	9	*****	9	(13)			
GENERAL EFFLUENT	PERMIT REQUIREMENT	****	*****	********	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF	SAMPLE MEASUREMENT	****	С	(93)	*****	*****	****	******			
TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	4.2	(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

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 ELIMINAT	
JANUARY 2002 - DISCHARGE MONITORIN	NG REPORT (DMR)

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

C05 T

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2002	1	1	2002	1	31					

PARAMETER		(3 Card Only) Ql		OADING	`	,	OR LOADING	i	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)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	****	*****	9			(23)			
PIMPEPHALES EFFLUENT	PERMIT REQUIREMENT	*****	****	*******	REPORT DAILY MN	*****	****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	****	****	*****	9	****	*****	(23) %			
DAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCI OFFICE		WITH THE INFOR	LER 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	See original form for signature		(617)788-4359	2/15/02	
9 NO SAMPLING CONDUCTED T	THE MONTH									ļ	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)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

C25 A

DISCHARGE NUMBER

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM			TO						
YEAR	MO	DAY	YEAR	MO	DAY					
2002	1	1	2002	1	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) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	3.10	0.80	(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	(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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2002

DAY

MA0103284 PERMIT NUMBER

FROM

MO

YEAR

2002

MINOR (SUBR E) F - FINAL

C25 A

DISCHARGE NUMBER

DAY

31

TO

МО

CSO 205 - MONTHLY & QUARTERLY

		(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)
JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2002

DAY

MA0103284
PERMIT NUMBER

YEAR

2002

FROM

МО

MINOR (SUBR E) F - FINAL

C25 T

DISCHARGE NUMBER

DAY

31

TO

МО

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE	X	***

PARAMETER		(3 Card Only) QI	UANTITY OR I	OADING	(4 Card Only	(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	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		f	TELEPHONE	DATE
	Chief Operating Officer PENALTIES FOR SUBMITTING FALSE INFORM				3 THE INFORMATION, I BELIEVE THE SUBMITTED . LETE. I AM AWARE THAT THERE ARE SIGNIFICAN ATION, INCLUDING THE POSSIBILITY OF FINE AND ONMENT.			See original form for signature		(617)788-4359	2/15/02

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)
JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM			TO						
YEAR	MO	DAY	YEAR	MO	DAY					
2002	1	1	2002	1	31					

DARAMETER		(3 Card Only) QI	JANTITY OR I	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	*****	*****		9	*****	9	(19)			
(20 DEG. C)	MEASUREMENT			****	9		9	mg/L			
(20 DEG. C) EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	IIIg/L		FOUR/YEAR	COMPOS
EFFEGENT	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOUR/TEAR	COMPOS
	SAMPLE	*****	*****		9	*****	9	(12)			
PH	MEASUREMENT			****	9		9	SU			
EFFLUENT	PERMIT	*****	*****	****	6.5	*****	8.3	30		FOUR/YEAR	GRAB
	REQUIREMENT				MINIMUM		MAXIMUM	SU		FOUR/TEAR	GRAD
SOLIDS, TOTAL	SAMPLE	*****	*****		9	*****	9	(19)			
SUSPENDED	MEASUREMENT			****	9		9	mg/L			
EFFLUENT	PERMIT	*****	*****	****	REPORT	*****	REPORT	IIIg/L		FOUR/YEAR	COMPOS
ETT EGENT	REQUIREMENT				AVERAGE		MAXIMUM	mg/L		FOORTEAR	COMPOS
	SAMPLE	3.10	0.80	(61)	*****	*****	*****		0	AL / EV	RC
RAINFALL	MEASUREMENT	3.10	0.80	inches				******	U	AL/ LV	NC
EFFLUENT	PERMIT	REPORT	REPORT	litorios	*****	*****	*****			ALL EVENTS	RCORDR
	REQUIREMENT	MO TOTAL	MAXIMUM	inches						ALL LVLINTS	ROORDR
FLOW,	SAMPLE	0.0	0.0	(3R)	*****	*****	*****		0	99 / 99	CN
WASTEWATER	MEASUREMENT			mgal				******	0	99799	CIV
BYPASSING	PERMIT	CNTESTED	CNTESTED	mgai	*****	*****	*****			CONTINUOUS	CONTINUOUS
TREATMENT PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal						00111110000	00111110000
FLOW, IN CONDUIT OR	SAMPLE	1.4	2.1	(03)	*****	*****	*****		0	99 / 99	CN
THRU TREATMENT	MEASUREMENT			mgd				******		00700	011
PLANT	PERMIT	CNTESTED	CNTESTED	•	*****	*****	*****			CONTINUOUS	CONTINUOUS
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd						00111110000	00111110000
CHLORINE, TOTAL	SAMPLE	*****	*****		9	*****	9	(19)			
RESIDUAL	MEASUREMENT			****			, and the second	mg/L			
EFFLUENT	PERMIT	*****	*****	****	0.1	*****	0.25	9		FOUR/YEAR	GRAB
	REQUIREMENT				AVERAGE		MAX HR RT	mg/L		. 551012/110	OIVID

^{* -} 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

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD											
	FROM			TO							
YEAR	MO	DAY	YEAR	MO	DAY						
2002	1	1	2002	1	31						

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE	***

1		(3 Card Only) QI (46-53)	UANTITY OR (54-61)	LOADING	(4 Card Only (38-45)) QUALITY C (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	*****	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
											·

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))
JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)	

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

C09 T

DISCHARGE NUMBER

CSO 209 - MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2002	1	1	2002	1	31

PARAMETER		(3 Card Only) Ql	JANTITY OR I	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	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	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	2/15/02

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)

JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

C11 A

DISCHARGE NUMBER

CSO 211- MONTHLY & QUARTERLY

		MONITORIN	NG PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2002	1	1	2002	1	31

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)	\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		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	3.10	0.80	(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	3.0	3.8	(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

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

-	JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)
1	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DAY

FROM

МО

YEAR

2002

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

MONITORING PERIOD TO

DAY

31

МО

MINOR (SUBR E) F - FINAL CSO 211 - MONTHLY & QUARTERLY

_		,			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (54-61)				NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	(00.00)	ANALYSIS	(00.70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	******	9	*****	9	(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)	*****	*****	*****	*****			
	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	*****	5.5	(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

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))
JANUARY 2002 - DISCHARGE MONITORING REPORT (DMR)	

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

C11 T

DISCHARGE NUMBER

CSO 211 - MONTHLY & QUARTERLY

	MONITORING PERIOD								
	FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY				
2002	1	1	2002	1	31				

PARAMETER		(3 Card Only) Ql	JANTITY OR I	OADING	(4 Card Only) QUANTITY	OR LOADING	ì	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)			
U CERICDAPHNIA EFFLUENT	PERMIT REQUIREMENT	*****	****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX	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	Y INQUIRY OF TH	OSE INDIVIDUALS	See original	form for	TELEPHONE	DATE
Michael F. H Chief Operation		INFORMATION IS		E AND COMPL ALSE INFORMA	ETE. I AM AWAF	RE THAT THERE	ARE SIGNIFICANT	signati		(617)788-4359	2/15/02