COTTAGE FARM CSO

				COTTAG	E FARM CS	SO						
LAST UPDATED: MAR 26	, 2002	NATIONA	AL POLLUTAN	T DISCHAR	GE ELIMINATI	ON SYSTEM	(NPDES)	MINOR				
PERMITTEE NAME / ADDR	ESS	FEB	RUARY 2002 -	DISCHARG	E MONITORI	NG REPORT (DMR)	(SUBR	E)			
NAME MWRA	200	MA01	03284			CC	01 A	F - FINAL				
ADDRESS CHARLESTO	PERMIT	NUMBER	1		DISCHARC	SE NUMBER	CSO 201- MONTHLY & QUARTERLY					
100 FIRST A				•		-						
BOSTON M		MONITORING PERIOD						*** NO [DISCHA	RGE X ***		
FACILITY MWRA	02120		FROM		ТО							
LOCATION BOSTON MA	02129	YEAR	MO	DAY	YEAR	MO	DAY					
ATTN: Michael Hornbrook		2002	2	1	2002	2	28					
	\smallsetminus	(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only	QUALITY O	R CONCENTR	ATION	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)	
	SAMPLE							(19)	(02 00)	(0.00)	(00 / 0)	
BOD, 5 - DAY	MEASUREMENT	*****	*****	****		*****		(-)				
(20 DEG. C)	PERMIT			****	REPORT		REPORT	mg/L				
EFFLUENT	REQUIREMENT	*****	*****		AVERAGE	*****	MAXIMUM	mg/L		FOUR/YEAR	COMPOS	
	SAMPLE				AVENAGE			(12)				
РН	MEASUREMENT	*****	*****	****		*****		(12)				
EFFLUENT	PERMIT			****	6.5		8.3	SU				
EFFLOENT	REQUIREMENT	*****	*****		0.5 MINIMUM	*****	0.3 MAXIMUM	SU		FOUR/YEAR	GRAB	
	SAMPLE				IVIIINIIVIOIVI		MAXIMUM	(19)				
SOLIDS, TOTAL	MEASUREMENT	*****	*****	****		*****		(19)				
SUSPENDED	PERMIT			****	DEDODT		DEDODT	mg/L				
EFFLUENT		*****	*****		REPORT	*****	REPORT			FOUR/YEAR	COMPOS	
	REQUIREMENT			(04)	AVERAGE		MAXIMUM	mg/L				
BAINEALI	SAMPLE	1.81	0.54	(61)	*****	*****	*****		0	AL / EV	RC	
RAINFALL	MEASUREMENT	DEDODT	DEDODT	inches				******				
EFFLUENT	PERMIT	REPORT	REPORT		*****	*****	*****			ALL EVENTS	RCORDR	
T , 011/	REQUIREMENT	MO TOTAL	MAXIMUM	inches								
FLOW,	SAMPLE	0.0	0.0	(3R)	*****	*****	*****		0	99 / 99	CN	
WASTEWATER	MEASUREMENT			mgal				******			_	
BYPASSING TREATMENT	PERMIT	CNTESTED	CNTESTED	Ũ	*****	*****	*****			CONTINUOUS	CONTINUOUS	
PLANT	REQUIREMENT	MO AVG	DAILY MAX	mgal								
FLOW, IN CONDUIT OR	SAMPLE	0.0	0.0	(03)	*****	*****	*****		0	99 / 99	CN	
THRU TREATMENT	MEASUREMENT			mgd				******	Ŭ	00700	011	
PLANT	PERMIT	CNTESTED	CNTESTED	gu	*****	*****	*****			CONTINUOUS	CONTINUOUS	
EFFLUENT	REQUIREMENT	MO AVG	DAILY MAX	mgd							00111100000	
CHLORINE, TOTAL	SAMPLE	*****	*****			*****		(19)				
RESIDUAL	MEASUREMENT			****				mg/L				
EFFLUENT	PERMIT	*****	*****	****	0.1	*****	0.25	mg/L		FOUR/YEAR	GRAB	
	REQUIREMENT				AVERAGE		MAX HR RT	mg/L		FOUR/TEAR	-	
											Page 1 of 3	

* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284								
PERMIT NUMBER								
	_							

FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) C01 A DISCHARGE NUMBER (SUBR E) F - FINAL CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY 2002 2002 28 2 2 1

*** NO DISCHARGE X ***

MINOR

	\smallsetminus		JANTITY OR L	.OADING	· ,		R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	******		*****		(13) #/100mL			
	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
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	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	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

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

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284	
PERMIT NUMBER	

 FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C01 T

 RMIT NUMBER
 DISCHARGE NUMBER

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

*** NO DISCHARGE X ***

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO	DAY	YEAR	MO	DAY					
2002 2 1 2002 2 28										

	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	70 PERCENT		SEMI / ANNUAL	COMPOSITE
							-			
	INFORMATION SU	JBMITTED HEREIN	; AND BASED C	ON MY INQUIRY OF	THOSE INDIVIDU	JALS IMMEDIATEL		form for	TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer		COMPLETE. I AM A	AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE	S FOR SUBMITTIN			(617)788-4359	3/15/02
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT	(46-53) AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT Image: Sample state st	(46-53) (54-61) AVERAGE MAXIMUM SAMPLE ****** MEASUREMENT ****** PERMIT ****** SAMPLE ****** MEASUREMENT ****** SAMPLE ****** MEASUREMENT ****** MEASUREMENT ****** PERMIT ****** REQUIREMENT ****** IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW INFORMATION SUBMITTED HEREIN RESPONSIBLE FOR OBTAINING THE ACCURATE AND COMPLETE. I AMA COMPLETE. I AMA COMPLETE. I AMA COMPLETE. I AMA COMPLETE.	(46-53) (54-61) AVERAGE MAXIMUM UNITS SAMPLE ****** ****** MEASUREMENT ****** ****** PERMIT ****** ****** SAMPLE ****** ****** MEASUREMENT ****** ****** MEASUREMENT ****** ****** PERMIT ****** ****** PERMIT ****** ****** NEQUIREMENT ****** ****** PERMIT ****** ****** NEQUIREMENT ****** ****** PERMIT ****** ****** REQUIREMENT ****** ****** IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED O NO MARE THAT T ACCURATE AND COMPLETE. IAM AWARE THAT T	Image: constraint of the second se	(46-53) (54-61) (38-45) (46-53) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MEASUREMENT ****** ****** ****** ****** PERMIT ****** ****** REPORT ****** SAMPLE ****** ****** REPORT ****** MEASUREMENT ****** ****** REPORT ****** PERMIT ****** ****** REPORT ****** PALEXECUTIVE ****** ****** REPORT ****** PAL EXECUTIVE I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONA	(46-53) (54-61) (38-45) (46-53) (54-61) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE ****** ****** ****** ****** ****** PERMIT ****** ****** ****** ****** ****** SAMPLE ****** ****** ****** ****** ****** MEASUREMENT ****** ****** ****** ****** ****** MEASUREMENT ****** ****** ****** ****** ****** PERMIT ****** ****** ****** ****** ****** PERMIT ****** ****** REPORT ****** ****** PERMIT ****** ****** REPORT ****** NOIREMENT ****** ****** ****** ****** PERMIT ****** ****** ****** ****** Intermediation Intermediation Intermediation ****** ****** PAUEXEX ****** ************************************	(46-53) (54-61) (38-45) (46-53) (54-61) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MEASUREMENT ****** ****** ****** ****** (23) PERMIT ****** ****** ****** ****** (23) MEASUREMENT ****** ****** ****** ****** (23) MEASUREMENT ****** ****** ****** ****** (23) MEASUREMENT ****** ****** ****** ****** ****** (23) PERMIT ****** ****** ****** ****** ****** (23) PERMIT ****** ****** ****** #****** ****** ****** ****** PERMIT ****** ****** ****** #****** ****** ****** ****** ****** PERMIT ****** ****** DAILY MN ****** ****** ****** ****** ****** ******* ******* ******* ******* ******* *******	Image: construction of the second	(46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MEASUREMENT ****** ****** ****** (23) (23) (46-68) PERMIT REQUIREMENT ****** ****** ****** (23) (23) (23) (24) </td

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 ATTN: Michael Hornbrook

FEB	RUARY 2002 -	DISCHARG	(SUBR E)			
MA0103284			CC	03 A	F - FINAL	
PERMIT NUMBER			DISCHARC	GE NUMBER	CSO 203 - MONTHLY & QUARTERLY	
		MONITORIN	IG PERIOD			*** NO DISCHARGE ***
	FROM			ТО		
YEAR	MO	DAY	YEAR	MO	DAY	
2002	2	1	2002	2	28	

MINOR

PARAMETER	$\overline{}$	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	****	****	9	*****	9	(12)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	su su		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.81	0.54	(61)	*****	*****	*****	*****	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	*****	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.4	1.4	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****	*******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	****	****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

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

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284	
PERMIT NUMBER	

FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) C03 A DISCHARGE NUMBER

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

MONITORING PERIOD FROM TO YEAR DAY YEAR MO DAY MO 2001 2 2001 2 28 1

*** *** NO DISCHARGE

MINOR

	\smallsetminus		JANTITY OR L	OADING	· ,		R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)	_	-	ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	******	9	*****	9	(13) #/100mL			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	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	's/day ****** ******		ALL EVENTS	OCCURS			
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	0.5	(8A)	*****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

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

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284	
PERMIT NUMBER	

FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) C03 T DISCHARGE NUMBER MINOR (SUBR E) F - FINAL CSO 203- MONTHLY & QUARTERLY

MONITORING PERIOD										
	FROM		ТО							
YEAR	MO	DAY	YEAR	MO	DAY					
2002 2 1 2002 2 2										

*** NO DISCHARGE ***

FREQUENCY OF SAMPLE TYPE 3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC 9 MEASUREMENT ****** PIMPEPHALES % REPORT PERMIT EFFLUENT ***** ***** ***** ***** COMP24 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT SAMPLE (23) ***** ***** ****** ****** LC50/PF STAT 24HR AC 9 MEASUREMENT DAPHNIA ****** % PERMIT REPORT EFFLUENT ***** ***** ***** ***** SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE TELEPHONE DATE OFFICER INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY See original form for RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE Michael J. Hornbrook signature ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN (617)788-4359 3/15/02 FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. Chief Operating Officer

SOMERVILLE MARGINAL CSO

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

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

MA01	03284]		CC)5 A				
PERMIT	NUMBER			DISCHARC	GE NUMBER				
	MONITORING PERIOD								
	FROM			TO					
YEAR	MO	DAY	YEAR	MO	DAY				
2002	2	1	2002 2 28						

*** NO DISCHARGE ____ ***

CSO 205 - MONTHLY & QUARTERLY

MINOR

(SUBR E)

F - FINAL

	$\overline{}$	(3 Card Only) QL	JANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	****	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)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	1.81	0.54	(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	0.24	0.56	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

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

SOMERVILLE MARGINAL CSO

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

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

MA0103284		
PERMIT NUMBER		
	•	
	MONITORING PERIOD	

(SUBR E) F - FINAL DISCHARGE NUMBER

C05 A

MINOR

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD								
	FROM		ТО					
YEAR	MO	DAY	YEAR	MO	DAY			
2002	2	1	2002	2	28			

*** NO DISCHARGE ***

1	\searrow	(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUALITY O (46-53)	R CONCENTR (54-61)	ATION	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 TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*******			
DIFASS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	2.7	(8A)	*****	*****	*****	*******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours hours	*****	*****	****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	3	(93) occur/mon	*****	*****	*****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	****			ALL EVENTS	OCCURS

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

SOMERVILLE MARGINAL CSO

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

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

MA010	03284			CC)5 T
PERMIT I	NUMBER			DISCHARC	GE NUMBER
		MONITORIN	NG PERIOD		
	FROM				
YEAR	MO	DAY	YEAR	MO	DAY
2002	2	1	2002	2	28

(SUBR E) F - FINAL

MINOR

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)) QUANTITY (46-53)	OR LOADING (54-61)		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	******	9			(23) %			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
l											
								-			
NAME / TITLE PRINC OFFICI		INFORMATION SL	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TH INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL						form for	TELEPHONE	DATE
Michael J. He Chief Operatii	RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							(617)788-4359	3/15/02		

SOMERVILLE MARGINAL RELIEF OUTFALL

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

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

	FEBRUARY 2002 -	DISC
VY YARD	MA0103284	
	PERMIT NUMBER]
9		•
		MON

N SYSTEM (NPDES) MINOR S REPORT (DMR) (SUBR E) C25 A F - FINAL DISCHARGE NUMBER CSO 205 -

(SUBR E) F - FINAL CSO 205 - MONTH<u>LY &</u> QUARTERLY

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	2	1	2002	2	28				

*** NO DISCHARGE X ***

PARAMETER	$\overline{}$	(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)	QUALITY O	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	\sim	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
РН	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	1.81	0.54	(61) INCHES	*****	*****	*****	*****	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT		0.0	(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

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

	- 5100
MA0103284	
PERMIT NUMBER	
•	

MINOR FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) C25 A DISCHARGE NUMBER

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

MONITORING PERIOD									
		FROM		ТО					
	YEAR	MO	DAY	YEAR	MO	DAY			
	2002	2	1	2002	2	28			

*** NO DISCHARGE X ***

	\smallsetminus	(3 Card Only) QI	JANTITY OR L	.OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	******		*****		(13)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BYPASS OF 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
]			
				1							

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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129					N G REPORT (C2	· /	MINOR (SUBR E) F - FINAL CSO 205 - MONTHLY & QUARTERLY
FACILITY MWRA		FROM	MONITORI	NG PERIOD	то		*** NO DISCHARGE X ***
LOCATION BOSTON MA 02129					10		
ATTN: Michael Hornbrook	YEAR	MO	DAY	YEAR	MO	DAY	
	2002	1	2	2002	2	28	

PARAMETER	\sim		JANTITY OR L	OADING			OR LOADING		NO. EX		SAMPLE TYPI
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
_C50/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		INFORMATION SU	JBMITTED HEREIN	AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	FAMILIAR WITH TH	See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operatir		ACCURATE AND (WARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE	RMATION IS TRUE S FOR SUBMITTIN DNMENT.			(617)788-4359	3/15/02

FOX POINT CSO

MINOR

C09 A

DAY

28

(SUBR E)

F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA MA0103284 ADDRESS CHARLESTOWN NAVY YARD DISCHARGE NUMBER PERMIT NUMBER 100 FIRST AVE BOSTON MA 02129 MONITORING PERIOD FACILITY MWRA FROM ΤO LOCATION BOSTON MA 02129 YEAR MO YEAR MO DAY ATTN: Michael Hornbrook 2002 2 2002 2 1 (3 Card Only) **QUANTITY OR LOADING** (4 Card Only) QUALITY OR CONCENTRATION

NO. EX FREQUENCY OF SAMPLE TYPE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (19) ***** ***** BOD, 5 - DAY ***** 0 <6.66 <6.66 01/28 CP **** MEASUREMENT (20 DEG. C) mg/L **** REPORT REPORT PERMIT EFFLUENT ***** ***** ***** FOUR/YEAR COMPOS REQUIREMENT **AVERAGE** MAXIMUM mg/L SAMPLE (12) ***** ***** ***** 8.1 8.1 0 01/28 GR **** PH MEASUREMENT SU **** EFFLUENT PERMIT 6.5 8.3 ***** ***** ***** FOUR/YEAR GRAB REQUIREMENT MINIMUM MAXIMUM SU SAMPLE (19) ***** ***** ***** SOLIDS, TOTAL 55.0 55.0 0 01/28 CP **** MEASUREMENT SUSPENDED mg/L **** REPORT PERMIT REPORT ***** ***** ***** EFFLUENT FOUR/YEAR COMPOS REQUIREMENT AVERAGE MAXIMUM mg/L SAMPLE (61) 0.54 ***** ***** ***** 0 AL / EV RC 1.81 MEASUREMENT RAINFALL ****** inches EFFLUENT PERMIT REPORT REPORT ***** ***** ***** ALL EVENTS RCORDR REQUIREMENT MO TOTAL MAXIMUM inches FLOW, SAMPLE (3R) ***** ***** ***** 0 99 / 99 CN 0.0 0.0 WASTEWATER MEASUREMENT ****** mgal BYPASSING TREATMENT PERMIT CNTESTED CNTESTED ***** ***** ***** CONTINUOUS CONTINUOUS PLANT REQUIREMENT MO AVG DAILY MAX mgal FLOW, IN CONDUIT OR SAMPLE (03) ***** ***** ***** 1.4 1.8 0 99 / 99 CN THRU TREATMENT MEASUREMENT mgd ****** PLANT PERMIT CNTESTED CNTESTED ***** ***** ***** CONTINUOUS CONTINUOUS EFFLUENT REQUIREMENT MO AVG DAILY MAX mgd SAMPLE (19) ****** ***** ****** CHLORINE, TOTAL 0* 01/28 GR 4.8 4.8 **** MEASUREMENT RESIDUAL mg/L **** PERMIT 0.1 0.25 EFFLUENT ***** ***** ***** FOUR/YEAR GRAB REQUIREMENT **AVERAGE** MAX HR RT mg/L

* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

FOX POINT CSO

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

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

PERMIT I	NUMBER			DISCHARC	GE NUMBER
		MONITORI	NG PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2002	2	1	2002	2	28

MA0103284

*** NO DISCHARGE ***

CSO 209 - MONTHLY & QUARTERLY

MINOR

C09 A

(SUBR E)

F - FINAL

1		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)	QUALITY O	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I	\frown	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	****	*****		<10	****	<10	(13)	0	01 / 28	GR
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	*******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BYPASS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	6.0	(8A)	*****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	4	(93) occur/mon	*****	*****	*****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
				1							

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

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284
PERMIT NUMBER

 FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C09 T

 RMIT NUMBER
 DISCHARGE NUMBER

(SUBR E) F - FINAL CSO 209 - MONTHLY & QUARTERLY

	MONITORING PERIOD										
	FROM			то							
YEAR	MO	DAY	YEAR	MO	DAY						
2002	2	1	2002	2	28						

*** NO DISCHARGE ***

MINOR

\smallsetminus	(3 Card Only) QI	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
							1		TELEPHONE	DATE
ornbrook ng Officer	ACCURATE AND (UNSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE,								3/15/02
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT	IPAL EXECUTIVE READURE CUTIVE READURE CUTIVE I CERTIFY UNDEF I I CERTIFY I I CERTIFY UNDEF I I CERTIFY I	(46-53) (54-61) AVERAGE MAXIMUM SAMPLE ****** MEASUREMENT ****** PERMIT ****** SAMPLE ****** MEASUREMENT ****** SAMPLE ****** MEASUREMENT ****** PERMIT ****** REQUIREMENT ****** PERMIT ****** REQUIREMENT ****** IPAL EXECUTIVE I CERTIFY UNDER PENALTY OF LAV INFORMATION SUBMITTED HEREIN RESPONSIBLE FOR OBTAINING THI ACCURATE AND COMPLETE. I AND	AVERAGE MAXIMUM UNITS SAMPLE ****** ****** ****** MEASUREMENT ****** ****** ****** PERMIT ****** ****** ****** SAMPLE ****** ****** ****** MEASUREMENT ****** ****** ****** PERMIT ****** ****** ****** IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED C RESPONSIBLE FOR OBTAINING THE INFORMATION Ornbrook ACCURATE AND COMPLETE. I AM AWARE THAT I	(46-53) (54-61) (38-45) AVERAGE MAXIMUM UNITS MINIMUM SAMPLE ****** 9 REPORT PERMIT ****** ****** 9 REQUIREMENT ****** 9 REPORT MEASUREMENT ****** 9 REPORT MEASUREMENT ****** 9 REPORT PERMIT ****** ****** 9 MEASUREMENT ****** 9 REPORT PERMIT ****** ****** 9 REQUIREMENT ****** 9 REPORT DAILY MN DAILY MN DAILY MN 0 IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMPLE FR INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGN Ornbrook ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGN ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGN	(46-53) (54-61) (38-45) (46-53) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MEASUREMENT ****** 9 ****** PERMIT ****** ****** 9 ****** SAMPLE ****** ****** 9 ****** MEASUREMENT ****** 9 ****** MEASUREMENT ****** 9 ****** PERMIT ****** 9 ****** PERMIT ****** 9 ****** PERMIT ****** 9 ****** REPORT DAILY MN N ****** PERMIT ****** ****** 9 ****** NOT DAILY MN N N ****** PERMIT ****** ****** 9 ****** INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVID INFORMATION, IBELIEVE THOSE INDIVID INFORMATION, IBELIEVE THOSE INDIVID IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I	(46-53) (54-61) (38-45) (46-53) (54-61) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE ****** ****** 9 ****** ****** PERMIT ****** ****** 9 ****** ****** SAMPLE ****** ****** 9 ****** ****** SAMPLE ****** ****** 9 ****** ****** MEASUREMENT ****** 9 ****** ****** PERMIT ****** ****** 9 ****** PERMIT ****** ****** 9 ****** REQUIREMENT ****** ****** PAILY MN ****** INFORMENT ****** ****** PAILY MN ****** INFORMENT ****** INFORMENT ****** ****** IPAL EXECUTIVE ICERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THINFORMATION SUBJETED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL RESPONSIBLE FOR OBTAINING THE INFORMATION, IS TRUE INFORMATION SUBJETED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL RESPONSIB	(46-53) (54-61) (38-45) (46-53) (54-61) SAMPLE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MEASUREMENT ****** ****** 9 ****** (23) PERMIT ****** ****** 9 ****** (23) SAMPLE ****** ****** 9 ****** (23) SAMPLE ****** ****** 9 ****** PERCENT SAMPLE ****** ****** 9 ****** (23) MEASUREMENT ****** 9 ****** ***** % PERMIT ****** ****** 9 ****** PERCENT REQUIREMENT ****** ****** PERCENT % PERMIT ****** ****** PERCENT % ICERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED INFORMATION S	(46-53) (54-61) (38-45) (46-53) (54-61) SAMPLE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MEASUREMENT ****** ****** 9 ****** (23) (62-63) PERMIT ****** ****** 9 ****** (23) (23) (23) SAMPLE ****** ****** 9 ****** 9 ****** 9 ****** (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (23) (24)	Image: Participant of the state of the

9-NO SAMPLING CONDUCTED THIS MONTH

Page 3 of 3

COMMERCIAL POINT CSO

MINOR

(SUBR E)

F - FINAL

mg/L

CSO 211- MONTHLY & QUARTERLY

*** NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME / ADDRESS FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) NAME MWRA ADDRESS CHARLESTOWN NAVY YARD 100 FIRST AVE BOSTON MA 02129 FACILITY MWRA LOCATION BOSTON MA 02129 ATTN: Michael Hornbrook

MA010	03284			C1	1 A
PERMIT	NUMBER			DISCHARC	GE NUMBER
		-			
		MONITORIN	NG PERIOD		
	FROM			ТО	
YEAR	MO	DAY	YEAR	DAY	
2002	2	1	2002	2	28

(3 Card Only) **QUANTITY OR LOADING** (4 Card Only) QUALITY OR CONCENTRATION NO. EX FREQUENCY OF SAMPLE TYPE PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (19) ***** ***** BOD, 5 - DAY ***** 0 17.9 17.9 01/28 CP **** MEASUREMENT (20 DEG. C) mg/L **** REPORT REPORT PERMIT EFFLUENT ***** ***** ***** FOUR/YEAR COMPOS REQUIREMENT **AVERAGE** MAXIMUM mg/L SAMPLE (12) ***** ***** ***** 8.8 8.8 0* 01/28 GR **** MEASUREMENT SU **** EFFLUENT PERMIT 6.5 8.3 ***** ***** ***** FOUR/YEAR GRAB REQUIREMENT MINIMUM MAXIMUM SU SAMPLE (19) ***** ***** ***** SOLIDS, TOTAL 232.0 232.0 0 01/28 CP **** MEASUREMENT SUSPENDED mg/L **** REPORT PERMIT REPORT ***** ***** ***** EFFLUENT FOUR/YEAR COMPOS REQUIREMENT AVERAGE MAXIMUM mg/L SAMPLE (61) 0.54 ***** ***** ***** 0 AL / EV RC 1.81 MEASUREMENT RAINFALL ****** inches EFFLUENT PERMIT REPORT REPORT ***** ***** ***** ALL EVENTS RCORDR REQUIREMENT MO TOTAL MAXIMUM inches SAMPLE FLOW, (3R) ***** ***** ***** 0.0 0 99 / 99 CN 0.0 WASTEWATER MEASUREMENT ****** mgal BYPASSING TREATMENT PERMIT CNTESTED CNTESTED ***** ***** ***** CONTINUOUS CONTINUOUS PLANT REQUIREMENT MO AVG DAILY MAX mgal FLOW, IN CONDUIT OR SAMPLE (03) ***** ***** ***** 1.7 2.8 0 99 / 99 CN THRU TREATMENT MEASUREMENT mgd ****** PLANT PERMIT CNTESTED CNTESTED ***** ***** ***** CONTINUOUS CONTINUOUS EFFLUENT REQUIREMENT MO AVG DAILY MAX mgd SAMPLE (19) ****** ***** ***** CHLORINE, TOTAL 0* 01/28 GR 4.6 4.6 **** MEASUREMENT RESIDUAL mg/L PERMIT **** 0.1 0.25 EFFLUENT ***** ***** ***** FOUR/YEAR GRAB REQUIREMENT **AVERAGE** MAX HR RT

* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

PH

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

MA0103284
PERMIT NUMBER

FEBRUARY 2002 - DISCHARGE MONITORING REPORT (DMR) C11 A DISCHARGE NUMBER

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

	MONITORING PERIOD										
FROM TO											
YEAR	MO	DAY	YEAR	MO	DAY						
2002	2	1	2002	2	28						

*** NO DISCHARGE ***

MINOR

1	\searrow	(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only) (38-45)	QUALITY O	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
I		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	ANALYSIS (64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	****	******	<10	*****	<10	(13)	0	01 / 28	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	****	******			
BIT ASS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	****	*****	****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	6.6	(8A) hours	*****	*****	****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	4	(93) occur/mon	****	*****	****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	****			ALL EVENTS	OCCURS

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

COMMERCIAL POINT CSO

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

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

MA0103284	
PERMIT NUMBER	
	-
	MONITORING P

MINOR (SUBR E) F - FINAL

C11 T

DISCHARGE NUMBER

CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE

MONITORING PERIOD					
FROM			ТО		
YEAR	MO	DAY	YEAR	MO	DAY
2002	2	1	2002	2	28

FREQUENCY OF SAMPLE TYPE 3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX PARAMETER (46-53) (54-61) (38-45) (46-53) (54-61) ANALYSIS (32-37) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) (64-68) (69-70) SAMPLE (23) ***** ***** ***** ***** LC50/PF STAT 24HR AC 9 MEASUREMENT ****** **U CERICDAPHNIA** % REPORT PERMIT EFFLUENT ***** ***** ***** ***** COMP24 SEMI / ANNUAL REQUIREMENT DAILY MN PERCENT SAMPLE (23) LC50/PF STAT 24HR AC ***** ****** ***** ****** 9 MEASUREMENT U.D. PULEX ****** % PERMIT REPORT EFFLUENT ***** ***** ***** ***** SEMI / ANNUAL COMP24 REQUIREMENT DAILY MN PERCENT NAME / TITLE PRINCIPAL EXECUTIVE CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE TELEPHONE DATE OFFICER INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY See original form for RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE Michael F. Hornbrook signature ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN (617)788-4359 3/15/02 FALSE INFORMATION. INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. Chief Operating Officer