COTTAGE FARM CSO

LAST UPDATED: MAY 31, 2002

PERMITTEE NAME / ADDRESS NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

	T DISCHARGE ELIMINATI	
APRIL 2002 - DI	SCHARGE MONITORING	REPORT (DMR)

MA0103284 C01 A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY										
FROM TO										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2002	4	1	2002	4	30					

*** NO DISCHARGE ***

CSO 201- MONTHLY & QUARTERLY

MINOR (SUBR E)

F - FINAL

PARAMETER		(3 Card Only) Ql (46-53)	JANTITY OR L	OADING.	(4 Card Only	QUALITY O	R CONCENTR	ATION	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	*****	*****	***	89.1	*****	89.1	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	6.2	*****	6.8	(12) SU	0*	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	74.5	*****	89.0	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	2.64	0.93	(61) inches	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	5.2	13.4	(03)	*****	*****	****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	0.0	*****	0.0	(19)	0	01 / 30	GR
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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR	EAR MO D.					
2002	4	1	2002	4	30				

		* **			(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	*****	*****	*****	<10	*****	10	(13) #/100mL	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	1	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF MEASUREM DISCHARGE PERMIT	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	4.6	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	3	(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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

741 1442 24	· · · · · · · · · · · · · · · · · · ·	
MA0103284		C01 T
PERMIT NUMBER		DISCHARGE NUMBER

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

*** NO DISCHARGE ***

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR	EAR MO DA'					
2002	4	1	2002	4	30				

DADAMETED		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUANTITY OR LOADING				NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC MYSID. BAHIA	SAMPLE MEASUREMENT	*****	****	*****	51.6	****	*****	(23)	0*	01 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	70 PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	01 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED OF THE PRINCIPAL PRIN			; AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	JALS IMMEDIATEL	· ·		TELEPHONE	DATE	
	Michael J. Hornbrook RESPONSIBLE FOR OBTAINING THE INFORMATION ACCURATE AND COMPLETE. I AM AWARE THAT THE				I, I BELIEVE THE SUBMITTED INFORMATION IS TRUE HERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN OSSIBILITY OF FINE AND IMPRISONMENT.					(617)788-4359	5/31/02

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

MA0103284 C03 A
PERMIT NUMBER DISCHARGE NUMBER

F - FINAL CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MINOR (SUBR E)

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	4	1	2002	4	30				

PARAMETER		(3 Card Only) Ql	JANTITY OR L	.OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	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	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)			
EFFLUENT	PERMIT REQUIREMENT	****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	2.64	0.93	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches 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	8.2	18.7	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	****	****	*****	******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

Page 1 of 3

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)

APRIL 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	4	1	2001 4 30							

		(3 Card Only) QUANTITY 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 GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93) occur/mon	*****	*****	*****	******			
DIT AGO OF TINEATIMENT	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	*****	8.9	(8A) hours	*****	*****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	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

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) APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 T
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	DAY					
2002	4	4	30						

DADAMETER		(3 Card Only) Ql	JANTITY OR L	OADING.	(4 Card Only) QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
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	*****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED C				PERSONALLY EXAMINED AND AM FAMILIAR WITH THE			· ·		TELEPHONE	DATE	
Michael J. Ho Chief Operatir	ACCURATE AND C	COMPLETE. I AM	AWARE THAT TI	HERE ARE SIGNIF	BELIEVE THE SUBMITTED INFORMATION IS TRUE RE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN SSIBILITY OF FINE AND IMPRISONMENT.			form for ure	(617)788-4359	5/31/02	
9-NO SAMPLING CONDUCTED	THIS MONTH	1								<u> </u>	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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD TO							
		MONITORIN	NG PERIOD				
YEAR	MO	DAY	YEAR	MO	DAY		
2002	4	1	2002	4	30		

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MINOR

(SUBR E)

F - FINAL

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				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	*****	*****	***	58.9	*****	58.9	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	6.6	*****	6.6	(12) SU	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	234.0	*****	234.0	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	2.64	0.93	(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	1.9	5.1	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****	***	3.9	*****	3.9	(19)	0*	01 / 30	GR
EFFLUENT *-LINDERGOING FACILITY LIPGE	PERMIT REQUIREMENT	****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

Page 1 of 3

SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

MA0103284 PERMIT NUMBER MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

C05 A

DISCHARGE NUMBER

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2002	4	1	2002	4	30					

		(3 Card Only) QUANTITY 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 GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	3500	*****	3500	(13) #/100mL	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93) occur/mon	*****	*****	*****	*****			
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	*****	7.3	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	3	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS APRIL 2002 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 C05 T F - FINAL ADDRESS CHARLESTOWN NAVY YARD PERMIT NUMBER DISCHARGE NUMBER 100 FIRST AVE CSO 205 - MONTHLY & QUARTERLY BOSTON MA 02129 MONITORING PERIOD *** NO DISCHARGE FACILITY **MWRA** FROM TO LOCATION BOSTON MA 02129 YEAR MO DAY YEAR МО DAY ATTN: Michael Hornbrook 2002 2002 30 (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUANTITY OR LOADING NO. EX FREQUENCY OF SAMPLE TYPE

PARAMETER		(46-53)	(54-61)		(38-45) (46-53) (54-61)				ANALYSIS		
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
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	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
			JBMITTED HEREIN	TY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE DHEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL				<i>\</i>	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation	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. See original form for signature signature (617)788-4359							(617)788-4359	5/31/02		

9-NO SAMPLING CONDUCTED THIS MONTH 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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

FROM

MO

4

YEAR

2002

MA0103284 C25 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

TO

DAY

30

MO

4

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE	X	***
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PARAMETER (32-37)		(3 Card Only) Ql (46-53)	(54-61)		(38-45)	(46-53)	R CONCENTR (54-61)	_	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(62 6.7)		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			(61) INCHES	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	******			
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT			(03) MGD	*****	*****	*****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	****	***		*****		(19)			
EFFLUENT *-LINDERGOING FACILITY LIPS	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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2002	4	1	2002	4	30					

		` , ,	JANTITY OR L	OADING	`		R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\times	(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 TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BTFA33 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	*****		(8A) HOURS	*****	*****	*****	******			
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****		(93) OCC/MON	*****	*****	*****	******			
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)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2002

TO

DAY

30

МО

MA0103284 C25 T
PERMIT NUMBER DISCHARGE NUMBER

DAY

FROM

MO

YEAR

2002

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE X ***

PARAMETER		(3 Card Only) Q (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	*****	*****	*****	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	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINC OFFICE		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMIL INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS I						E Y See original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		ACCURATE AND (COMPLETE. I AM	AWARE THAT T	HERE ARE SIGNIF	, I BELIEVE THE SUBMITTED INFORMATION IS TRUE IERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN OSSIBILITY OF FINE AND IMPRISONMENT.			ire	(617)788-4359	5/31/02

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

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2002 4 1 2002 4 30										

DADAMETED		(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)	/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	***	<3.96	*****	<4.84	(19)	0	02 / 30	СР
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	*****	***	7.3	*****	8.7	(12) SU	0*	02 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	56.5	*****	87.0	(19) mg/L	0	02 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	2.64	0.93	(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	2.4	4.6	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****	***	4.1	*****	5.5	(19)	0*	02 / 30	GR
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 (NPDES)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 COUNTY DISCHAF

C09 A DISCHARGE NUMBER MINOR (SUBR E) F - FINAL CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2002 4 1 2002 4 30									

		(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	
	$/\!\!/$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	<10	*****	<10	(13)	0	02 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***************************************	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BIT AGS 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	****	3	(93) occur/mon	*****	*****	*****	*****	0	AL / EV	OC
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) APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284			C09 T
PERMIT NUMBER			DISCHARGE NUMBER
	_		

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

*** NO DISCHARGE

MINOR

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2002	4	1	2002	4	30				

BABAMETER		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only) QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	02 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	02 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINC							 FAMILIAR WITH TH JALS IMMEDIATEL	<i>.</i>	form fr -	TELEPHONE	DATE
Michael J. Ho Chief Operation		INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS 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 SUBMITTIN FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. (617)788-4						(617)788-4359	5/31/02		
9-NO SAMPLING CONDUCTED	THIS MONTH	1						l			Page 3 of 3

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

NAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

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

MINOR

		MONITORIN	NG PERIOD		
	FROM			TO	
YEAR	MO	DAY	YEAR	MO	DAY
2002	4	1	2002	4	30

*** NO DISCHARGE	***

PARAMETER		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	$/\!\!\!/$	AVERAGE	MAXIMUM	UNITS	MINIMÚM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***	17.9	*****	24.8	(19)	0	03 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	****	6.4	*****	6.8	(12) SU	0*	03 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	45.0	*****	54.0	(19)	0	03 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	2.64	0.93	(61) inches	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ANALYSIS (64-68) 03 / 30 FOUR/YEAR 03 / 30 FOUR/YEAR 03 / 30 FOUR/YEAR	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	2.7	6.0	(03)	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****	*******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	****	***	0.02	*****	0.1	(19)	0	03 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

C11 A

DISCHARGE NUMBER

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY						
	FROM		ТО			
YEAR	MO	DAY	YEAR	MO	DAY	
2002	4	1	2002	4	30	

		(3 Card Only) Ql	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	
	$/\!\!/$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	53	*****	320	(13)	0	03 / 30	GR
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
BIT AGS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ANALYSIS (64-68) 03 / 30	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS ALL EVENTS ALL EVENTS ALL EVENTS ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	8.0	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ANALYSIS (64-68) 03 / 30 FOUR/YEAR ALL EVENTS ALL EVENTS AL / EV ALL EVENTS AL / EV	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	4	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	****	REPORT EVENT TOT	occur/mon	*****	*****	*****		0 AL / EV ALL EVENTS 0 AL / EV	OCCURS	

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS **APRIL 2002 - DISCHARGE MONITORING REPORT (DMR)** (SUBR E) NAME MWRA MA0103284 C11 T ADDRESS CHARLESTOWN NAVY YARD F - FINAL PERMIT NUMBER DISCHARGE NUMBER 100 FIRST AVE CSO 211 - MONTHLY & QUARTERLY BOSTON MA 02129 MONITORING PERIOD *** NO DISCHARGE FACILITY **MWRA** FROM TO LOCATION BOSTON MA 02129 YEAR МО DAY YEAR МО DAY ATTN: Michael Hornbrook 2002 2002 30 (3 Card Only) OHANTITY OR LOADING (4 Card Only) OHANTITY OR LOADING NO EX FREQUENCY OF SAMPLE TYPE

PARAMETER		(3 Card Only) QI (46-53)	JANTITY OR L (54-61)	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 U CERICDAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	02 / 180	CP
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX	SAMPLE MEASUREMENT	*****	*****	******	> 100	*****	*****	(23)	0	02 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT	SEMI / ANNUAL	COMP24	
NAME / TITLE PRINCI		INFORMATION SU	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THINFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL					Y Soo original	form for	TELEPHONE	DATE
Michael F. Ho Chief Operatir		ACCURATE AND		AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE	RMATION IS TRUE ES FOR SUBMITTIN DNMENT.	aignot.		(617)788-4359	5/31/02

9-NO SAMPLING CONDUCTED THIS MONTH Page 3 of 3