COTTAGE FARM CSO

LAST UPDATED: JULY 11, 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

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

MONITORING PERIOD

YEAR

2002

DAY

MA0103284 PERMIT NUMBER

FROM

MO

6

YEAR

2002

MINOR (SUBR E) F - FINAL

C01 A

DISCHARGE NUMBER

DAY

30

TO

МО

6

CSO 201- MONTHLY & QUARTERLY

PARAMETER		, , ,	JANTITY OR L	OADING	(4 Card Only	,	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(52 51)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L 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			(61)	*****	*****	*****	******			
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)	*****	*****	****	******			
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***		*****		(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

⁻ UNDERGOING FACILITY UPGRADE

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)
JUNE 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	MO	DAY					
2002	6	1	2002	6	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	*****	*****			*****		(13)			
GENERAL	MEASUREMENT			*****				#/100mL			
EFFLUENT	PERMIT	*****	*****		REPORT	*****	REPORT	#/ TOOTIL		FOUR/YEAR	GRAB
ETT EGENT	REQUIREMENT				MO GEO		MAXIMUM	#/100ML		TOURTLAN	GIVAD
	SAMPLE	*****		(93)	*****	*****	*****				
BYPASS OF TREATMENT	MEASUREMENT							******			
BIT AGG OF TREATMENT	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	occurs
	REQUIREMENT		EVENT TOT	occur/mon						ALL LVLINIS	OCCOINS
	SAMPLE	*****		(79)	*****	*****	*****				
DURATION OF	MEASUREMENT							******			
DISCHARGE	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		ONTEOTED	hours/day						ALL LVLIVIO	0000110
	SAMPLE	*****		(8A)	*****	*****	*****				
DISCHARGE DURATION	MEASUREMENT			hours				******			
EFFLUENT	PERMIT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		ONTEOTED	hours						ALL LVEIVIO	0000110
	SAMPLE	*****		(93)	*****	*****	*****				
DISCHARGE EVENT	MEASUREMENT			occur/mon				******			
OBSERVATION	PERMIT	*****	REPORT		*****	*****	*****			ALL EVENTS	OCCURS
	REQUIREMENT		EVENT TOT	occur/mon						ALL EVENTO	0000110

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)

JUNE 2002 - DI	JONE 2002 - DISCHARGE MONITORING REPORT (DMK)										
MA0103284	C01 T										
PERMIT NUMBER	DISCHARGE NUMBER										

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

*** NO DISCHARGE X ***

MINOR

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2002	6	1	2002	6	30					

DADAMETED		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER (32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
MYSID. BAHIA EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINC OFFICI		INFORMATION SU	JBMITTED HEREIN	; AND BASED C	N MY INQUIRY OF	THOSE INDIVIDU	FAMILIAR WITH TH JALS IMMEDIATEL	Coo original	form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		ACCURATE AND C		AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE		oianot.		(617)788-4359	7/31/02

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

	POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
JL	NE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C03 A
PERMIT NUMBER DISCHARGE NUMBER

*** NO DISCHARGE ***

CSO 203 - MONTHLY & QUARTERLY

MINOR

(SUBR E)

F - FINAL

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR MO DAY							
2002	6	1	2002	6	30					

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	(54-61)		(38-45)	(46-53)	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(62 67)		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	4.78	1.32	(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	6.1	10.3	(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)			
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

MA0103284		C03	A
PERMIT NUMBER	DISCHA	ARGE	NUMBER

		MONITORIN	NG PERIOD									
	FROM TO											
YEAR	MO	DAY	YEAR	MO	DAY							
2001	6	1	2001	6	30							

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

*** NO DISCHARGE

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
	$/\!\!/$	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)	*****	*****	*****	******			
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	*****	8.3	(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

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)
JUNE 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	YEAR MO DAY YEAR MO DAY										
2002	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -										

	(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
SAMPLE MEASUREMENT	*****	*****	******	9	*****	*****	(23)			
PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
IPAL EXECUTIVE ER	INFORMATION SU	JBMITTED HEREIN	; AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	JALS IMMEDIATEL	Coo original	form for	TELEPHONE	DATE
ornbrook ng Officer	ACCURATE AND C	COMPLETE. I AM	AWARE THAT T	HERE ARE SIGNIF	S FOR SUBMITTIN	aignatura		(617)788-4359	7/31/02	
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT IPAL EXECUTIVE ER Ornbrook	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER INFORMATION SU RESPONSIBLE FO ACCURATE AND O FALSE	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW INFORMATION SUBMITTED HEREIN RESPONSIBLE FOR OBTAINING TH ACCURATE AND COMPLETE. I AM FALSE INFORMATION, IN	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED OR RESPONSIBLE FOR OBTAINING THE INFORMATION ACCURATE AND COMPLETE. I AM AWARE THAT THE FALSE INFORMATION, INCLUDING THE FALSE INFORMATION.	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT ****** *****************************	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF FINSE SIDDIVIDING ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIE FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISO	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SEEDORT DAILY MN PERCENT SEE ORD	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT 9	AVERAGE MAXIMUM UNITS (46-53) (54-61) AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REPORT DAILY MN PERCENT SEMI / ANNUAL PERCENT SEMI

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)

JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

FROM

MO

6

YEAR

2002

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

TO

DAY

30

МО

6

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE		**
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PARAMETER (32-37)		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING.	(4 Card Only) (38-45)	QUALITY O (46-53)	OR CONCENTR (54-61)	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	*****	*****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	***	9	****	9	(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	4.78	1.32	(61)	*****	*****	*****	******		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	*****	*****	*****	******		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	0.4	1.0	(03) mgd	*****	*****	*****	******		99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****	***	9	*****	9	(19)			
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)
JUNE 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	6	1	2002	6	30						

		(3 Card Only) Ql	d 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	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
GENERAL 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	*****	6.2	(8A) hours	*****	*****	*****	*****	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	5	(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 JUNE 2002 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 ADDRESS C05 T F - FINAL 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

PARAMETER		(3 Card Only) Ql		OADING.	`	,	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 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 OFFICI		INFORMATION SU	JBMITTED HEREIN	; AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	FAMILIAR WITH TH UALS IMMEDIATEL		form for	TELEPHONE	DATE
Michael J. Ho Chief Operation		ACCURATE AND O	COMPLETE. I AM A	AWARE THAT T	N, I BELIEVE THE SUBMITTED INFORMATION IS TRUE THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN POSSIBILITY OF FINE AND IMPRISONMENT.			= -:		(617)788-4359	7/31/02
O NO CAMPLING CONDUCTED		1								L l	Dogg 2 of 2

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)
JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

TO

DAY

30

МО

6

MONITORING PERIOD

DAY

FROM

MO

6

YEAR

2002

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		, , ,	JANTITY OR L	OADING	`	,	R CONCENTR	ATION	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	(00.00)	ANALYSIS	(00.70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	****	WIINIWOW	*****	IVIAXIIVIOIVI	(19)	(62-63)	(64-68)	(69-70)
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	*****	***		*****		(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***		*****		(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT			(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	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)
JUNE 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	DAY					
2002	6	1	2002	6	30				

		` , , ,	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	*****	*****	*****		*****		(13)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****	******			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****		(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)
JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25 T
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

TO

DAY

30

МО

MONITORING PERIOD

DAY

FROM

MO

YEAR

2002

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

PARAMETER		(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)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	FFLUENT PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	9 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 PRINC							L FAMILIAR WITH TH UALS IMMEDIATEL	V	·	TELEPHONE	DATE
Michael J. Ho Chief Operation		RESPONSIBLE FO	OR OBTAINING TH	E INFORMATION AWARE THAT T	N, I BELIEVE THE S HERE ARE SIGNIF	SUBMITTED INFO	RMATION IS TRUE S FOR SUBMITTIN	See original		(617)788-4359	7/31/02

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

	DLLUTANT DISCHARGE ELIMINATION SYSTEM	. ,
JUNE	2002 - DISCHARGE MONITORING REPORT (D	MR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

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

MINOR

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	6	1	2002	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)		(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	4.78	1.32	(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	2.1	3.8	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	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

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)
JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C09 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	5	1	2002	5	31				

		(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	SAMPLE MEASUREMENT	*****	*****	******	9	****	9	(13)			
GENERAL 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	****	13.0	(8A) hours	*****	*****	*****	******	0	AL / EV	OC
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	****	5	(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) JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C09 T
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	DAY					
2002	6	1	2002	6	30				

DADAMETED		(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	*****	*****	*****	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
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE INFORMATION SUBMITTED HEREIN; AND BASED O								₽		TELEPHONE	DATE
Michael J. Ho Chief Operation	ACCURATE AND C	COMPLETE. I AM	AWARE THAT TI	See original for THOM INFORMATION IS TRUE SEE ORIGINAL SE					(617)788-4359	7/31/02	
9-NO SAMPLING CONDUCTED	THIS MONTH	I									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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTE	EM (NPDES)
JUNE 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C11 A
PERMIT NUMBER DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

CSO 211- MONTHLY & QUARTERLY

MONITORING PERIOD FROM TO YEAR MO DAY YEAR MO DAY 2002 6 1 2002 6 30						
	FROM TO YEAR MO DAY YEAR MO DAY					
YEAR	MO	DAY	YEAR	MO	DAY	
2002	6	1	2002	6	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	*****	****	***	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	4.78	1.32	(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	4.8	(03) mgd	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MA0103284 PERMIT NUMBER

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

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2002	6	1	2002	6	30				

		(4 Card Only)	d Only) QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE			
1		(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)	*****	*****	*****	******			
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	*****	6.8	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	5	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS JUNE 2002 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 C11 T F - FINAL ADDRESS CHARLESTOWN NAVY YARD 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 MO DAY YEAR МО DAY ATTN: Michael Hornbrook 2002 2002 30

PARAMETER		(3 Card Only) Ql	JANTITY OR L	OADING.	`	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)			
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	*****	*****	70 PERCENT		SEMI / ANNUAL	COMP24
		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY						f f	TELEPHONE	DATE	
Michael F. Hornbrook Chief Operating Officer		ACCURATE AND C		AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE		See original signati		(617)788-4359	7/31/02
9-NO SAMPLING CONDUCTED	THIS MONTH									<u> </u>	Page 3 of 3