## DEER ISLAND TREATMENT PLANT
### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
#### NOVEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)

**PERMIT NUMBER**
MA0103284

**DISCHARGE NUMBER**
T01 A

### MONITORING PERIOD

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### SAMPLE MEASUREMENT

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<td>9 MAXIMUM</td>
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<td>45 WKLY AVG</td>
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<td><strong>Solids, Settleable Effluent Gross</strong></td>
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<td>PCB-1016 Effluent Gross</td>
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<td>µg/L</td>
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<tr>
<th>NAME / TITLE PRINCIPAL EXECUTIVE OFFICER</th>
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<tr>
<td>Michael J. Hornbrook Chief Operating Officer</td>
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I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREBIN, 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 SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

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TELEPHONE: (617)788-4359
DATE: 12/15/2016
### DEER ISLAND TREATMENT PLANT

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**NOVEMBER 2016 - DISCHARGE MONITORING REPORT**

**PERMIT NUMBER**: MA0103284  
**DISCHARGE NUMBER**: T01 T

### MONITORING PERIOD

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### SAMPLE MEASUREMENT

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<td>UNITS</td>
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<td>*****</td>
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<td>LC50 Acute Menidia Effluent Gross</td>
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<td>DAILY MN</td>
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<td>*****</td>
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<tr>
<td>LC50 48Hr Acute Menidia Effluent Gross</td>
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<td>*****</td>
<td>DAILY MN</td>
<td>&gt;100</td>
<td>*****</td>
<td>*****</td>
<td>%</td>
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<td>Noel Static 1Hr Fert. Chronic Arbacia Effluent Gross</td>
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<td>%</td>
<td>Once per month</td>
<td>COMP24</td>
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<tr>
<td>Noel Static 7Day Chronic Menidia Effluent Gross</td>
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<td>*****</td>
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<td>*****</td>
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**NAME / TITLE**: Michael J. Hornbrook  
**PRINCIPAL EXECUTIVE OFFICER**: Chief Operating Officer

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 RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

See original form for signature  

**TELEPHONE**: (617)788-4359  
**DATE**: 12/30/2016

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**EPA Form 3320-1 (Rev. 1/06)** Previous editions may be used.

H - Invalid test