

### COTTAGE FARM CSO

**LAST UPDATED: MAY 11, 2005**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS

NAME MWRA  
 ADDRESS CHARLESTOWN NAVY YARD  
 100 FIRST AVE  
 BOSTON MA 02129

MA0103284
PERMIT NUMBER

C01 A
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

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

9-NO SAMPLING CONDUCTED THIS MONTH

**COTTAGE FARM CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS

NAME MWRA  
 ADDRESS CHARLESTOWN NAVY YARD  
 100 FIRST AVE  
 BOSTON MA 02129

MA0103284
PERMIT NUMBER

C01 A
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****		(79)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****		(8A)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

**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)

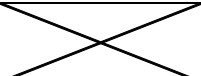
**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C01 T
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50/PF STAT 24HR AC MYSID. BAHIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23) %		
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL COMPOSITE
LC50/PF STAT 24HR AC MENIDIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23) %		
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005

9-NO SAMPLING CONDUCTED THIS MONTH

∴ FACILITY STILL IN START-UP PHASE

**PRISON POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	69.2	*****	69.2	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	6.2	(12) SU	1	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	244.0	*****	244.0	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	3.17	0.81	(61) inches	*****	*****	*****	*****	0	AL / EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	5.46	12.25	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	0.03	*****	0.03	(19) mg/L	0	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

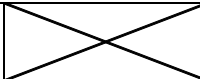
**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	930	*****	930	(13)	2	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML			
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****				
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	4.4	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	4	(93)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				

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

**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)

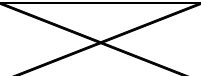
**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C03 T
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	%	SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT	SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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	C05 A
PERMIT NUMBER	DISCHARGE NUMBER

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

\*\*\* NO DISCHARGE  \*\*\*

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

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 (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(12) SU		
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	3.17	0.81	(61) inches	*****	*****	*****	*****	0	AL / EV RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99 CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.86	2.05	(03) mgd	*****	*****	*****	*****	0	99 / 99 CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR GRAB

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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

C05 A
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	'g'	(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	2.00	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	4	(93)	*****	*****	*****	*****	0	AL / EV	OC
	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)

**APRIL 2005 - 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	C05 T
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MINOR  
 (SUBR E)  
 F - FINAL  
 CSO 205 - MONTHLY & QUARTERLY

\*\*\* NO DISCHARGE  \*\*\*

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005

9-NO SAMPLING CONDUCTED THIS MONTH

**FOX POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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	C09 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(12) SU		
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	3.17	0.81	(61) inches	*****	*****	*****	*****	0	AL / EV RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99 CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	1.58	2.69	(03) mgd	*****	*****	*****	*****	0	99 / 99 CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR GRAB

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

**FOX POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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

C09 A
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	'g'	(13) #/100mL			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	3.00	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	3	(93)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

**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 2005 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C09 T
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005	

9-NO SAMPLING CONDUCTED THIS MONTH

**COMMERCIAL POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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	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
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	3.17	0.81	(61) inches	*****	*****	*****	*****	0	AL / EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	1.56	3.06	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

**COMMERCIAL POINT CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

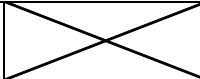
PERMITTEE NAME / ADDRESS  
 NAME MWRA  
 ADDRESS CHARLESTOWN NAVY YARD  
 100 FIRST AVE  
 BOSTON MA 02129  
 FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

MA0103284	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
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	'g'	(13)		FOUR/YEAR	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML			
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****				
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	4.90	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	4	(93)	*****	*****	*****	*****	0	AL / EV	OC
	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)

**APRIL 2005 - 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	C11 T
PERMIT NUMBER	DISCHARGE NUMBER

MINOR

(SUBR E)

F - FINAL

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
LC50/PF STAT 24HR AC U CERIDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23) %		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL COMPOSITE
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	*****	(23) %		
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE
Michael F. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005

9-NO SAMPLING CONDUCTED THIS MONTH

H-INVALID TEST

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS  
 NAME MWRA  
 ADDRESS CHARLESTOWN NAVY YARD  
 100 FIRST AVE  
 BOSTON MA 02129

MA0103284
PERMIT NUMBER

C25 A
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L	FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(12) SU		
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU	FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L	FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	3.17	0.81	(61) INCHES	*****	*****	*****	*****		
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****	ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****		
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****	CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	NM	NM	(03) MGD	*****	*****	*****	*****		
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****	CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	'g'	*****	'g'	(19) mg/L		
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L	FOUR/YEAR	GRAB

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

ND - NO DATA    NM-Unable to measure flow at this location



**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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

C25 A
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

\*\*\* NO DISCHARGE  \*\*\*

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	'g'	*****	'g'	(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	0.2	(8A)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	HOURS	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	1	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	OCC/MON	*****	*****	*****			ALL EVENTS	OCCURS

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2005 - 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	C25 T
PERMIT NUMBER	DISCHARGE NUMBER

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

\*\*\* NO DISCHARGE  \*\*\*

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
05	4	1	05	4	30

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 180	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 180	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE 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	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	5/31/2005	