

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

LAST UPDATED: DEC 1, 2006

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

C01 A
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	*****	*****	****	72.9		72.9	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.3		6.3	(12) SU	1	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	72.3		72.3	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	12.1	12.1	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	0.2		0.9	(19) mg/L	2	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

9-NO SAMPLING CONDUCTED THIS MONTH

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)
OCTOBER 2006 - 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
06	10	1	06	10	31

*** 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	*****	*****	*****	139	*****	139	(13) #/100mL	0	01 / 30	GR
	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	*****	6.0	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	1	(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

COTTAGE FARM CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

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	MO	DAY
06	9	1	06	9	30

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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 MYSID. BAHIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
LC50/PF STAT 24HR AC MENIDIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
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	11/30/2006

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE

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)
OCTOBER 2006 - 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
06	10	1	06	10	31

*** 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	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	25.2	*****	25.2	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.4	*****	6.4	(12) SU	1	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	78.3	*****	78.3	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	20.4	26.5	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	0.2	*****	1.3	(19) mg/L	2	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

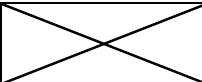
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 A
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FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

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	*****	*****	*****	126	*****	126	(13)	0	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	*****	6.4	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	2	(93)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				

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 C-NODI / NO DISCHARGE

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME / ADDRESS
 NAME MWRA
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 ATTN: Michael Hornbrook

MA0103284
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DISCHARGE NUMBER

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 F - FINAL
 CSO 203- MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
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	11/30/2006

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2006 - 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
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	*****	*****	****	11.8	*****	11.8	(19) mg/L	0	01 /30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.2	*****	7.2	(12) SU	0	01 /30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	83.6	*****	83.6	(19) mg/L	0	01 /30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	4.8	6.5	(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	*****	0.05	(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

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

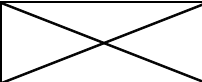
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OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

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MINOR
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 CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

*** 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	*****	*****	*****	400	*****	400	(13) #/100mL	1	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93) occur/mon	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79) hours/day	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	4.8	(8A) hours	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	2	(93) occur/mon	*****	*****	*****	*****	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)

OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

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 ADDRESS CHARLESTOWN NAVY YARD
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 ATTN: Michael Hornbrook

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MONITORING PERIOD					
FROM			TO		
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06	10	1	06	10	31

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
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	11/30/2006	

9-NO SAMPLING CONDUCTED THIS MONTH

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)

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MA0103284
PERMIT NUMBER

C09 A
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 F - FINAL
 CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

*** 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	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9.3	*****	9.3	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	6.9	(12) SU	0	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	91.8	*****	91.8	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	4.8	5.6	(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

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

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)
OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

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
06	10	1	06	10	31

*** 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	*****	*****	*****	85	*****	85	(13)	0	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	*****	5.2	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	2	(93)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				

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)
OCTOBER 2006 - 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
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
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	11/30/2006

9-NO SAMPLING CONDUCTED THIS MONTH

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)
OCTOBER 2006 - 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
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	*****	*****	****	9.6	*****	9.6	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	6.9	*****	6.9	(12) SU	0	01 / 30	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	77.3	*****	77.3	(19) mg/L	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	5.7	8.8	(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

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

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

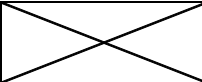
PERMITTEE NAME / ADDRESS
 NAME MWRA
 ADDRESS CHARLESTOWN NAVY YARD
 100 FIRST AVE
 BOSTON MA 02129
 FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

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
06	10	1	06	10	31

*** 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	*****	*****	*****	40	*****	40	(13)	0	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	*****	5.7	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	2	(93)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				

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

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)
OCTOBER 2006 - DISCHARGE MONITORING REPORT (DMR)

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
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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 U CERICDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 30	CP
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT			
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	11/30/2006	

9-NO SAMPLING CONDUCTED THIS MONTH

H-INVALID TEST

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2006 - 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
06	10	1	06	10	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(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	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	4.50	2.02	(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	NM	NM	(03) MGD	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(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 locator

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2006 - 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

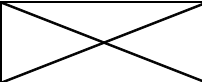
MA0103284
PERMIT NUMBER

C25 A
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	10	1	06	10	31

*** 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	*****	*****	*****	9	*****	9	(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	*****	1.3	(8A)	*****	*****	*****	*****	0	AL / EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	1	(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 RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2006 - 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
06	10	1	06	10	31

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR LOADING (38-45)				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	*****	*****	*****	9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(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	11/30/2006	

9-NO SAMPLING CONDUCTED THIS MONTH