

**COTTAGE FARM CSO**

**LAST UPDATED: FEB 10, 2008**

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)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |
|---------------|
| MA0103284     |
| PERMIT NUMBER |

|                  |
|------------------|
| C01 A            |
| DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 201- MONTHLY & QUARTERLY  
 External Outfall \_\_\_\_\_

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER   |  | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |         |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
|   |   | AVERAGE             | MAXIMUM            | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM          | UNITS   |        |                       |             |
| BOD, 5-day (20 deg C)<br>Effluent Gross                       | SAMPLE MEASUREMENT  | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT  | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT  | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT  | *****               | *****              |        | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      |         |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT  | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT  | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT  |                     |                    |        | *****                    | *****   | *****            |         |        |                       |             |
|   | PERMIT REQUIREMENT  | Req. Mon. MO TOTAL  | Req. Mon. MAXIMUM  | in     | *****                    | *****   | *****            |         |        | All Events            | RCOTOT      |
| Flow, in conduit or thru<br>treatment plant<br>Effluent Gross | SAMPLE MEASUREMENT  |                     |                    |        | *****                    | *****   | *****            |         |        |                       |             |
|   | PERMIT REQUIREMENT  | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal/d | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>Effluent Gross                    | SAMPLE MEASUREMENT  | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT  | *****               | *****              |        | 0.1 MO AV MIN            | *****   | 0.25 MX HR RT    | mg/L    |        | Four Per Year         | GRAB        |
| Coliform, fecal general<br>Effluent Gross                     | SAMPLE MEASUREMENT  | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT  | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | #/100mL |        | Four Per 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C01 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 201 - MONTHLY & QUARTERLY  
 External Outfall

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER                            |                    | QUANTITY OR LOADING |                    |           | QUALITY OR CONCENTRATION |         |         |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|--------------------|---------------------|--------------------|-----------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
|                                      |                    | AVERAGE             | MAXIMUM            | UNITS     | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |        |                       |             |
| Bypass valve                         | SAMPLE MEASUREMENT | *****               |                    |           | *****                    | *****   | *****   |       |        |                       |             |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon. EVNT TOT | occur/ mo | *****                    | *****   | *****   |       |        | All Events            | OCCURS      |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | *****               |                    |           | *****                    | *****   | *****   |       |        |                       |             |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon. MAXIMUM  | hr        | *****                    | *****   | *****   |       |        | All Events            | OCCURS      |
| Duration of discharge                | SAMPLE MEASUREMENT | *****               |                    |           | *****                    | *****   | *****   |       |        |                       |             |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon. MAXIMUM  | hr/d      | *****                    | *****   | *****   |       |        | 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)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C01 T            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 201 - WET DATA 2/YR  
 External Outfall

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

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

| PARAMETER  | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING   |         |       | QUALITY OR CONCENTRATION |         |         |                                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---|---------|-------|--------------------------|---------|---------|---------------------------------|--------|-----------------------|-------------|
|  |   | AVERAGE   | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS                           |        |                       |             |
| LC50 Static 48hr Acute Mysid. Bahia Effluent Gross           | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Static 48hr Acute Menidia Effluent Gross                | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Mysid. Bahia Effluent Gross | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Menidia Effluent Gross      | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
| 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<br>Chief Operating Officer              |   |   |         |       |                          |         |         |                                 |        | (617)788-4359         | 2/13/2009   |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C03 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 203 - MONTHLY & QUARTERLY  
 External Outfall

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER   |                    | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |         |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
|   |                    | AVERAGE             | MAXIMUM            | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM          | UNITS   |        |                       |             |
| BOD, 5-day (20 deg C)<br>Effluent Gross                       | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        | *****   | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        | *****   | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        | *****   | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT | 3.35                | 1.17               | in     | *****                    | *****   | *****            |         | 0      | AL / EV               | RC          |
|   | PERMIT REQUIREMENT | Req. Mon. MO TOTAL  | Req. Mon. MAXIMUM  | in     | *****                    | *****   | *****            |         |        | All Events            | RCOTOT      |
| Flow, in conduit or thru<br>treatment plant<br>Effluent Gross | SAMPLE MEASUREMENT | 3.3                 | 3.3                | mgal/d | *****                    | *****   | *****            |         | 0      | 99 / 99               | CN          |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal/d | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>Effluent Gross                    | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        | *****   | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 0.1 MO AV MIN            | *****   | 0.25 MX HR RT    | mg/L    |        | Four Per Year         | GRAB        |
| Coliform, fecal general<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        |         | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | #/100mL |        | Four Per 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C03 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 203 - MONTHLY & QUARTERLY  
 External Outfall

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER                            |                    | QUANTITY OR LOADING |                       |              | QUALITY OR CONCENTRATION |         |         |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|--------------------|---------------------|-----------------------|--------------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
|                                      |                    | AVERAGE             | MAXIMUM               | UNITS        | MINIMUM                  | AVERAGE | MAXIMUM | UNITS |        |                       |             |
| Bypass valve                         | SAMPLE MEASUREMENT | *****               | 0                     | occur/<br>mo | *****                    | *****   | *****   |       | 0      | AL / EV               | OC          |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon.<br>EVNT TOT | occur/<br>mo | *****                    | *****   | *****   |       |        | All Events            | OCCURS      |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | *****               | 1.67                  | hr           | *****                    | *****   | *****   |       | 0      | AL / EV               | OC          |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MAXIMUM  | hr           | *****                    | *****   | *****   |       |        | All Events            | OCCURS      |
| Duration of discharge                | SAMPLE MEASUREMENT | *****               | C                     |              | *****                    | *****   | *****   |       |        |                       |             |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon.<br>MAXIMUM  | hr/d         | *****                    | *****   | *****   |       |        | All Events            | OCCURS      |
|                                      |                    |                     |                       |              |                          |         |         |       |        |                       |             |
|                                      |                    |                     |                       |              |                          |         |         |       |        |                       |             |
|                                      |                    |                     |                       |              |                          |         |         |       |        |                       |             |
|                                      |                    |                     |                       |              |                          |         |         |       |        |                       |             |
|                                      |                    |                     |                       |              |                          |         |         |       |        |                       |             |

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)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C03 T            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 203 - WET DATA 2/YR  
 External Outfall

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

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

| PARAMETER  |  | QUANTITY OR LOADING   |         |       | QUALITY OR CONCENTRATION |         |         |                                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---|---------|-------|--------------------------|---------|---------|---------------------------------|--------|-----------------------|-------------|
|  |   | AVERAGE   | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS                           |        |                       |             |
| LC50 Static 48hr Acute Ceriodaphnia Effluent Gross           | SAMPLE MEASUREMENT  | *****   | *****   |       | 9                        | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT  | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Static 48hr Acute D. Pulex Effluent Gross               | SAMPLE MEASUREMENT  | *****   | *****   |       | 9                        | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT  | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT  | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT  | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross    | SAMPLE MEASUREMENT  | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT  | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
|  |   |   |         |       |                          |         |         |                                 |        |                       |             |
| 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<br>Chief Operating Officer              |   |   |         |       |                          |         |         |                                 |        | (617)788-4359         | 2/13/2009   |

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**JANUARY 2009 - 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 |

MAJOR (SUBR E)  
 CSO 205 - MONTHLY & QUARTERLY  
 External Outfall \_\_\_\_\_

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER   |                    | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |         |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
|   |                    | AVERAGE             | MAXIMUM            | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM          | UNITS   |        |                       |             |
| BOD, 5-day (20 deg C)<br>Effluent Gross                       | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        |         | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        |         | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        |         | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT | 3.35                | 1.17               | in     | *****                    | *****   | *****            |         | 0      | AL / EV               | RC          |
|   | PERMIT REQUIREMENT | Req. Mon. MO TOTAL  | Req. Mon. MAXIMUM  | in     | *****                    | *****   | *****            |         |        | All Events            | RCOTOT      |
| Flow, in conduit or thru<br>treatment plant<br>Effluent Gross | SAMPLE MEASUREMENT | 0.8                 | 0.8                | MG     | *****                    | *****   | *****            |         | 0      | 99 / 99               | CN          |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal/d | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>Effluent Gross                    | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        | *****   | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 0.1 MO AV MIN            | *****   | 0.25 MX HR RT    | mg/L    |        | Four Per Year         | GRAB        |
| Coliform, fecal general<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        | 9                        |         | 9                |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | #/100mL |        | Four Per 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

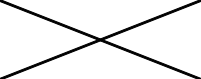
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C05 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 205 - MONTHLY & QUARTERLY  
 External Outfall

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER                            |  | QUANTITY OR LOADING |                       |              | QUALITY OR CONCENTRATION |         |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|---|---------------------|-----------------------|--------------|--------------------------|---------|---------|--------|-----------------------|-------------|
|                                      |   | AVERAGE             | MAXIMUM               | UNITS        | MINIMUM                  | AVERAGE | MAXIMUM |        |                       |             |
| Bypass valve                         | SAMPLE MEASUREMENT  | *****               | 0                     | occur/<br>mo | *****                    | *****   | *****   | 0      | AL / EV               | OC          |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon.<br>EVNT TOT | occur/<br>mo | *****                    | *****   | *****   |        | All Events            | OCCURS      |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT  | *****               | 1.30                  | hr           | *****                    | *****   | *****   | 0      | AL / EV               | OC          |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon.<br>MAXIMUM  | hr           | *****                    | *****   | *****   |        | All Events            | OCCURS      |
| Duration of discharge                | SAMPLE MEASUREMENT  | *****               | C                     |              | *****                    | *****   | *****   |        |                       |             |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon.<br>MAXIMUM  | hr/d         | *****                    | *****   | *****   |        | All Events            | OCCURS      |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |
|                                      |   |                     |                       |              |                          |         |         |        |                       |             |

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



**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)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C05 T            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 205 - WET DATA 2/YR  
 External Outfall

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER  | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | QUANTITY OR LOADING   |         |       | QUALITY OR CONCENTRATION |         |         |           | NO. EX                          | FREQUENCY OF ANALYSIS | SAMPLE TYPE   |           |
|--|---|---|---------|-------|--------------------------|---------|---------|-----------|---------------------------------|-----------------------|---------------|-----------|
|  |   | AVERAGE   | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS     |                                 |                       |               |           |
| LC50 Static 48hr Acute Ceriodaphnia Effluent Gross           | SAMPLE MEASUREMENT                      | *****   | *****   |       | 9                        | *****   | *****   |           |                                 |                       |               |           |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %         |                                 | Semiannual            | COMP24        |           |
| LC50 Static 48hr Acute D. Pulex Effluent Gross               | SAMPLE MEASUREMENT                      | *****   | *****   |       | 9                        | *****   | *****   |           |                                 |                       |               |           |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %         |                                 | Semiannual            | COMP24        |           |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |           |                                 |                       |               |           |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail |                                 | Semiannual            | COMP24        |           |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross    | SAMPLE MEASUREMENT                      | *****   | *****   |       |                          | *****   | *****   |           |                                 |                       |               |           |
|  | PERMIT REQUIREMENT                      | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail |                                 | Semiannual            | COMP24        |           |
|  |   |   |         |       |                          |         |         |           |                                 |                       |               |           |
|  |   |   |         |       |                          |         |         |           |                                 |                       |               |           |
|  |   |   |         |       |                          |         |         |           |                                 |                       |               |           |
| 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<br>Chief Operating Officer              |   |   |         |       |                          |         |         |           |                                 |                       | (617)788-4359 | 2/13/2009 |

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**JANUARY 2009 - 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 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 205 - MONTHLY & QUARTERLY  
 External Outfall \_\_\_\_\_

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER   |                    | QUANTITY OR LOADING |                    |        | QUALITY OR CONCENTRATION |         |                  |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
|   |                    | AVERAGE             | MAXIMUM            | UNITS  | MINIMUM                  | AVERAGE | MAXIMUM          | UNITS   |        |                       |             |
| BOD, 5-day (20 deg C)<br>Effluent Gross                       | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT |                     |                    |        | *****                    | *****   | *****            |         |        |                       |             |
|   | PERMIT REQUIREMENT | Req. Mon. MO TOTAL  | Req. Mon. MAXIMUM  | in     | *****                    | *****   | *****            |         |        | All Events            | RCOTOT      |
| Flow, in conduit or thru<br>treatment plant<br>Effluent Gross | SAMPLE MEASUREMENT |                     |                    |        | *****                    | *****   | *****            |         |        |                       |             |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal/d | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>Effluent Gross                    | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | 0.1 MO AV MIN            | *****   | 0.25 MX HR RT    | mg/L    |        | Four Per Year         | GRAB        |
| Coliform, fecal general<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |        | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | #/100mL |        | Four Per 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**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |
|---------------|
| MA0103284     |
| PERMIT NUMBER |

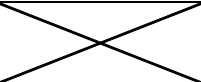
|                  |
|------------------|
| C25 A            |
| DISCHARGE NUMBER |

MAJOR (SUBR E)  
 CSO 205 - MONTHLY & QUARTERLY  
 External Outfall

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Michael Hornbrook

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER                            |  | QUANTITY OR LOADING |                    |           | QUALITY OR CONCENTRATION |         |         | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|---|---------------------|--------------------|-----------|--------------------------|---------|---------|--------|-----------------------|-------------|
|                                      |   | AVERAGE             | MAXIMUM            | UNITS     | MINIMUM                  | AVERAGE | MAXIMUM |        |                       |             |
| Bypass valve                         | SAMPLE MEASUREMENT  | *****               |                    |           | *****                    | *****   | *****   |        |                       |             |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon. EVNT TOT | occur/ mo | *****                    | *****   | *****   |        | All Events            | OCCURS      |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT  | *****               |                    |           | *****                    | *****   | *****   |        |                       |             |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon. MAXIMUM  | hr        | *****                    | *****   | *****   |        | All Events            | OCCURS      |
| Duration of discharge                | SAMPLE MEASUREMENT  | *****               |                    |           | *****                    | *****   | *****   |        |                       |             |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon. MAXIMUM  | hr/d      | *****                    | *****   | *****   |        | All Events            | OCCURS      |
|                                      |   |                     |                    |           |                          |         |         |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |        |                       |             |

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - 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 |

MAJOR (SUBR E)  
 CSO 205 - MONTHLY & QUARTERLY  
 External Outfall

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER  |                    | QUANTITY OR LOADING   |         |       | QUALITY OR CONCENTRATION |         |         |                                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---|---------|-------|--------------------------|---------|---------|---------------------------------|--------|-----------------------|-------------|
|  |                    | AVERAGE   | MAXIMUM | UNITS | MINIMUM                  | AVERAGE | MAXIMUM | UNITS                           |        |                       |             |
| LC50 Static 48hr Acute Mysid. Bahia Effluent Gross           | SAMPLE MEASUREMENT | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Static 48hr Acute Menidia Effluent Gross                | SAMPLE MEASUREMENT | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Mysid. Bahia Effluent Gross | SAMPLE MEASUREMENT | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
| LC50 Pass/Fail Static 24hr Acute Menidia Effluent Gross      | SAMPLE MEASUREMENT | *****   | *****   |       |                          | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT | *****   | *****   |       | Req. Mon. MINIMUM        | *****   | *****   | pass/fail                       |        | Semiannual            | COMP24      |
|  |                    |   |         |       |                          |         |         |                                 |        |                       |             |
|  |                    |   |         |       |                          |         |         |                                 |        |                       |             |
|  |                    |   |         |       |                          |         |         |                                 |        |                       |             |
| 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<br>Chief Operating Officer              |                    |   |         |       |                          |         |         |                                 |        | (617)788-4359         | 2/13/2009   |

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

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

|               |                  |
|---------------|------------------|
| MA0101192     | 215A             |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR  
 (SUBR E)  
 MWRA215  
 Internal Outfall

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER  |                    | QUANTITY OR LOADING |                    |              | QUANTITY OR CONCENTRATION |       |                   |            | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------------|---------------------------|-------|-------------------|------------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE              | UNITS        | VALUE                     | VALUE | VALUE             | UNITS      |        |                       |             |
| BOD, 5-day<br>(20 deg C)<br>Effluent Gross             | SAMPLE MEASUREMENT | *****               | *****              |              |                           | ***** |                   |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | mg/L       |        | Quarterly             | GRAB-4      |
| PH<br>Effluent Gross                                   | SAMPLE MEASUREMENT | *****               | *****              |              |                           | ***** |                   |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | 6.5 MINIMUM               | ***** | 8.3 MAXIMUM       | SU         |        | Quarterly             | GRAB-4      |
| Solids, Total Suspended<br>Effluent Gross              | SAMPLE MEASUREMENT | *****               | *****              |              |                           | ***** |                   |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | mg/L       |        | Quarterly             | GRAB-4      |
| Enterococcus, thermotol,<br>MF, MTEC<br>Effluent Gross | SAMPLE MEASUREMENT | *****               | *****              |              |                           | ***** |                   |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | CFU/100 mL |        | Quarterly             | GRAB-4      |
| Rainfall<br>Effluent Gross                             | SAMPLE MEASUREMENT |                     |                    |              | *****                     | ***** | *****             |            |        |                       |             |
|  | PERMIT REQUIREMENT | Req. Mon. AV VALUE  | Req. Mon. MX VALUE | in           | *****                     | ***** | *****             |            |        | Measured              | TOTALZ      |
| Chlorine, Total Residual<br>Effluent Gross             | SAMPLE MEASUREMENT | *****               | *****              |              |                           | ***** |                   |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | 0.1 AVERAGE               | ***** | 0.25 HR AV MX     | mg/L       |        | Quarterly             | GRAB-4      |
| Facility activations<br>Effluent Gross                 | SAMPLE MEASUREMENT |                     | *****              |              | *****                     | ***** | *****             |            |        |                       |             |
|  | PERMIT REQUIREMENT | Req. Mon. EVNT TOT  | *****              | occur/<br>mo | *****                     | ***** | *****             |            |        | Measured              | TOTALZ      |

\*-FACILITY IN START UP MODE

9-NO SAMPLING CONDUCTED THIS MONTH

**UNION PARK CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0101192     | 215A             |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 MWR215  
 Internal Outfall

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

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

| PARAMETER                              |                    | QUANTITY OR LOADING |                   |       | QUANTITY OR CONCENTRATION |       |             |            | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------------------|-------|---------------------------|-------|-------------|------------|--------|-----------------------|-------------|
|  |                    | VALUE               | VALUE             | UNITS | VALUE                     | VALUE | VALUE       | UNITS      |        |                       |             |
| Flow, Total Effluent Gross             | SAMPLE MEASUREMENT |                     |                   |       | *****                     | ***** | *****       |            |        |                       |             |
|  | PERMIT REQUIREMENT | Req. Mon. AVERAGE   | Req. Mon. MAXIMUM | Mgal  | *****                     | ***** | *****       |            |        | When Discharging      | CONTIN      |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | *****               | *****             |       |                           | ***** |             |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****             |       | 200 AVERAGE               | ***** | 400 MAXIMUM | CFU/100 mL |        | Quarterly             | GRAB-4      |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |
|  |                    |                     |                   |       |                           |       |             |            |        |                       |             |

\*-FACILITY IN START UP MODE  
 9-NO SAMPLING CONDUCTED THIS MONTH  
 C-NODI / NO DISCHARGE

**UNION PARK CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**JANUARY 2009 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0101192     | 215T             |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)  
 Toxicity  
 Internal Outfall

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

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 09                | 1  | 1   | 09   | 1  | 31  |

| PARAMETER  | SAMPLE MEASUREMENT PERMIT REQUIREMENT | QUANTITY OR LOADING   |       |       | QUANTITY OR CONCENTRATION |       |       |                                 | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------------------------|---|-------|-------|---------------------------|-------|-------|---------------------------------|--------|-----------------------|-------------|
|  |                                       | VALUE   | VALUE | UNITS | VALUE                     | VALUE | VALUE | UNITS                           |        |                       |             |
| LC50 STATRE 48HR ACUTE MYSID. BAHIA EFFLUENT GROSS | SAMPLE MEASUREMENT                    | *****   | ***** | ***** |                           | ***** | ***** |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                    | *****   | ***** | ***** | Req Mon. MO AV MIN        | ***** | ***** | %                               |        | See Permit            | COMP24      |
| LC50 STATRE 48HR ACUTE MENIDIA EFFLUENT GROSS      | SAMPLE MEASUREMENT                    | *****   | ***** | ***** |                           | ***** | ***** |                                 |        |                       |             |
|  | PERMIT REQUIREMENT                    | *****   | ***** | ***** | Req Mon. MO AV MIN        | ***** | ***** | %                               |        | See Permit            | COMP24      |
|  |                                       |   |       |       |                           |       |       |                                 |        |                       |             |
|  |                                       |   |       |       |                           |       |       |                                 |        |                       |             |
|  |                                       |   |       |       |                           |       |       |                                 |        |                       |             |
|  |                                       |   |       |       |                           |       |       |                                 |        |                       |             |
|  |                                       |   |       |       |                           |       |       |                                 |        |                       |             |
| 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<br>Chief Operating Officer    |                                       |   |       |       |                           |       |       |                                 |        | (617)788-4359         | 2/13/2009   |

9-NO SAMPLING CONDUCTED THIS MONTH

\*: FACILITY STILL IN START-UP PHASE