

COTTAGE FARM CSO

LAST UPDATED: MAY 13, 2016

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

*** 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) Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	inches	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual 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 Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

COTTAGE FARM CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

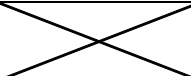
MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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
16	4	1	16	4	30

*** 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

COTTAGE FARM CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

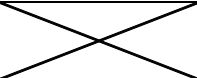
APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

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
16	4	1	16	4	30

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 Chief Operating Officer										(617)788-4359	5/31/2016

9-REQUIRED SAMPLING COMPLETED

PRISON POINT CSO

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

*** 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) Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT	2.91	1.03	in	*****	*****	*****		0	AL/EV	RC
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	in	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT	17.9	17.9	mgal	*****	*****	*****		0	99/99	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		0.1 MO AV MIN	*****	0.25 MX HR RT	mg/L		Four Per Year	GRAB
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

PRISON POINT CSO

PERMITTEE NAME / ADDRESS
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 BOSTON MA 02129

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APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

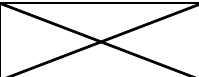
MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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
16	4	1	16	4	30

*** 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	*****	'g'		*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	occur/ mo	*****	*****	*****			All Events	OCCURS
Duration of discharge Effluent gross	SAMPLE MEASUREMENT	*****	5.31	hr	*****	*****	*****		0	AL/EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr	*****	*****	*****			All Events	OCCURS
Duration of discharge	SAMPLE MEASUREMENT	*****	C		*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr/d	*****	*****	*****			All Events	OCCURS

PRISON POINT CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 T
PERMIT NUMBER	DISCHARGE NUMBER

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

*** NO DISCHARGE '9' **

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	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Semiannual	COMP24
LC50 Static 48hr Acute D. Pulex Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	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 Chief Operating Officer										(617)788-4359	5/31/2016

9-REQUIRED SAMPLING COMPLETED

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - 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		
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

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

*** 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) Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT	2.91	1.03	in	*****	*****	*****		0	AL / EV	RC
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	in	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT	9.2	9.2	mgal	*****	*****	*****		0	99 / 99	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		0.1 MO AV MIN	*****	0.25 MX HR RT	mg/L		Four Per Year	GRAB
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'g'	*****	'g'				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

9-NO SAMPLING CONDUCTED THIS MONTH

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

SOMERVILLE MARGINAL CSO
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2016 - 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
16	4	1	16	4	30

*** 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	*****	'g'		*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	occur/mo	*****	*****	*****			All Events	OCCURS
Duration of discharge Effluent gross	SAMPLE MEASUREMENT	*****	5.7	hr	*****	*****	*****		0	AL / EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr	*****	*****	*****			All Events	OCCURS
Duration of discharge	SAMPLE MEASUREMENT	*****	C		*****	*****	*****				
	PERMIT REQUIREMENT	*****	Req. Mon. 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)


MA0103284	C05 T
PERMIT NUMBER	DISCHARGE NUMBER

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

*** NO DISCHARGE 9***

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	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Semiannual	COMP24
LC50 Static 48hr Acute D. Pulex Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	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 Chief Operating Officer										(617)788-4359	5/31/2016

9-REQUIRED SAMPLING COMPLETED

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - 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 _____

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

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) Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	in	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual 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 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

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

SOMERVILLE MARGINAL RELIEF OUTFALL
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

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
16	4	1	16	4	30

*** 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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - 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

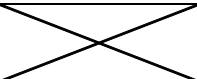
MA0103284
PERMIT NUMBER

C25 T
DISCHARGE NUMBER

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

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

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 Chief Operating Officer										(617)788-4359	5/31/2016

9-NO SAMPLING CONDUCTED THIS MONTH

UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

APRIL 2016 - DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR E)
MWRA215
Internal Outfall

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

*** 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 (20 deg C) Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	GRAB-4
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB-4
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	GRAB-4
Enterococcus, thermotel, MF, MTEC Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	CFU/100 mL		Quarterly	GRAB-4
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. AV VALUE	Req. Mon. MX VALUE	in	*****	*****	*****			Measured	TOTALZ
Chlorine, Total Residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		0.1 AVERAGE	*****	0.25 HR AV MX	mg/L		Quarterly	GRAB-4
Facility activations Effluent Gross	SAMPLE MEASUREMENT		*****		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. EVNT TOT	*****	occur/ mo	*****	*****	*****			Measured	TOTALZ

*-FACILITY IN START UP MODE
9-NO SAMPLING CONDUCTED THIS MONTH

UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
APRIL 2016 - 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 02129
 ATTN: Michael Hornbrook

MA0101192			215A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
16	4	1	16	4	30

MAJOR
 (SUBR E)
 MWR215
 Internal Outfall

*** 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)

APRIL 2016 - 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
16	4	1	16	4	30

PARAMETER	X	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. DAILY MN	*****	*****	%		Semiannual	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 Chief Operating Officer										(617)788-4359	5/31/2016

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE