

**COTTAGE FARM CSO**

**LAST UPDATED: JANUARY 31, 2017**

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                | 12 | 1   | 16   | 12 | 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 | *****               | *****              |        |                          | *****   |                  | mg/L    |        |                       |             |
|   | 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  | inches | *****                    | *****   | *****            |         |        | 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   | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>Effluent Gross                    | SAMPLE MEASUREMENT | *****               | *****              |        |                          | *****   |                  | mg/L    |        |                       |             |
|   | 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 | *****               | *****              |        |                          | *****   |                  | #/100mL |        |                       |             |
|   | 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)  
**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

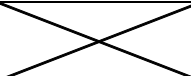
|               |                  |
|---------------|------------------|
| MA0103284     | C01 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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                | 12 | 1   | 16   | 12 | 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      |
|                                      |   |                     |                    |           |                          |         |         |       |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |       |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |       |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |       |        |                       |             |
|                                      |   |                     |                    |           |                          |         |         |       |        |                       |             |

**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)

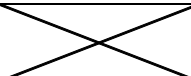
**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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                | 12 | 1   | 16   | 12 | 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 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         | 1/31/2017   |

9-REQUIRED SAMPLING COMPLETED

**PRISON POINT CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DECEMBER 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                | 12 | 1   | 16   | 12 | 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) Effluent Gross                    | SAMPLE MEASUREMENT | *****               | *****              |       | 29.3                     | *****   | 29.3             | mg/L    | 0      | 01/30                 | CP          |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH Effluent Gross                                       | SAMPLE MEASUREMENT | *****               | *****              |       | 6.48                     | *****   | 6.48             | SU      | 1      | 01/30                 | GR          |
|   | PERMIT REQUIREMENT | *****               | *****              |       | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended Effluent Gross                  | SAMPLE MEASUREMENT | *****               | *****              |       | 151.0                    | *****   | 151.0            | mg/L    | 0      | 01/30                 | CP          |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall Effluent Gross                                 | SAMPLE MEASUREMENT | 3.25                | 1.16               | 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 | 8.5                 | 8.5                | 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 | *****               | *****              |       | 0.01                     | *****   | 0.01             | mg/L    | 0      | 01/30                 | GR          |
|   | 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 | *****               | *****              |       | 117.8                    | *****   | 117.8            | #/100mL | 0      | 01/30                 | GR          |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | #/100mL |        | Four Per Year         | GRAB        |

**PRISON POINT CSO**

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

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

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

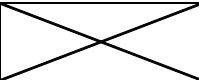
|                  |
|------------------|
| C03 A            |
| DISCHARGE NUMBER |

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                | 12 | 1   | 16   | 12 | 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  | *****               | 'g'                |           | *****                    | *****   | *****   |       |            |                       |             |
|                                      | PERMIT REQUIREMENT  | *****               | Req. Mon. EVNT TOT | occur/ mo | *****                    | *****   | *****   |       | All Events | OCCURS                |             |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT  | *****               | 2.53               | 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-REQUIRED SAMPLING COMPLETED  
 C-NODI / NO DISCHARGE

**PRISON POINT CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 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                | 12 | 1   | 16   | 12 | 31  |

\*\*\* 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<br>Chief Operating Officer              |                    |   |         |       |                          |         |         |                                 |        | (617)788-4359         | 1/31/2017   |

9-REQUIRED SAMPLING COMPLETED

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 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 |

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

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

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 16                | 12 | 1   | 16   | 12 | 31  |

| 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  | 3.25                | 1.16               | 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  | 3.0                 | 3.0                | 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)  
**DECEMBER 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                | 12 | 1   | 16   | 12 | 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 | *****               | 'g'                |           | *****                    | *****   | *****   |       |            |                       |             |
|                                      | PERMIT REQUIREMENT | *****               | Req. Mon. EVNT TOT | occur/ mo | *****                    | *****   | *****   |       | All Events | OCCURS                |             |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | *****               | 2.4                | 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)

**DECEMBER 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                | 12 | 1   | 16   | 12 | 31  |

\*\*\* 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<br>Chief Operating Officer              |   |   |         |       |                          |         |         |           |                                 | (617)788-4359         | 1/31/2017   |

9-REQUIRED SAMPLING COMPLETED

**SOMERVILLE MARGINAL RELIEF 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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                | 12 | 1   | 16   | 12 | 31  |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

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

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


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

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 |
| 16                | 12 | 1   | 16   | 12 | 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-NOD1/ NO DISCHARGE

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

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

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

|                  |
|------------------|
| C25 T            |
| 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 |
| 16                | 12 | 1   | 16   | 12 | 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         | 1/31/2017   |

9-NO SAMPLING CONDUCTED THIS MONTH

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 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                | 12 | 1   | 16   | 12 | 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 (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)  
**DECEMBER 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                | 12 | 1   | 16               | 12 | 31  |

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 | #DIV/0!             |                   |       | *****                     | ***** | *****       |            |        |                       |             |
|  | 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)

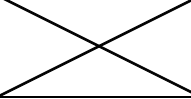
**DECEMBER 2016 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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                | 12 | 1   | 16   | 12 | 31  |

| PARAMETER  |  | 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 MENDIA 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         | 1/31/2017   |

9-NO SAMPLING CONDUCTED THIS MONTH

\*: FACILITY STILL IN START-UP PHASE