

**COTTAGE FARM CSO**

**LAST UPDATED: SEPTEMBER 14, 2018**

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: David Coppes

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

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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  | 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 | *****               | *****              |        |                          | *****   |                  |         |        |                       |             |
|   | 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        |

**COTTAGE FARM CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2018 - DISCHARGE MONITORING REPORT (DMR)**

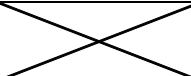
|               |                  |
|---------------|------------------|
| MA0103284     | C01 A            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

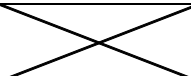
**AUGUST 2018 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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 |
| 18                | 8  | 1   | 18   | 8  | 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                  |             |
| David Coppes<br>Chief Operating Officer                      |   |                     |         |       |                          |         |         |                                 | (617)788-4359 | 9/14/2018             |             |

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: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2018 - 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 |
| 18                | 8  | 1   | 18   | 8  | 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 | *****               | *****              |       | '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 | 4.65                | 1.38               | 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 | 11.9                | 28.5               |       | *****                    | *****   | *****            |         | 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  
 NAME MWRA  
 ADDRESS CHARLESTOWN NAVY YARD  
 100 FIRST AVE  
 BOSTON MA 02129

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2018 - DISCHARGE MONITORING REPORT (DMR)**

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

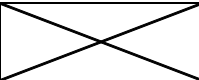
|                  |
|------------------|
| C03 A            |
| DISCHARGE NUMBER |

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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  | *****               | 5.35               | 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)

**AUGUST 2018 - 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: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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 Ceriodaphnia Effluent Gross           | SAMPLE MEASUREMENT  | *****               | *****   |       | 'g'                      | *****   | *****   |                                 |               |                       |             |
|  | PERMIT REQUIREMENT  | *****               | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |               | Semiannual            | COMP24      |
| LC50 Static 48hr Acute D. Pulex Effluent Gross               | SAMPLE MEASUREMENT  | *****               | *****   |       | 'g'                      | *****   | *****   |                                 |               |                       |             |
|  | 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                  |             |
| David Coppes<br>Chief Operating Officer                      |   |                     |         |       |                          |         |         |                                 | (617)788-4359 | 9/14/2018             |             |

9-REQUIRED SAMPLING COMPLETED

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - 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: David Coppes

|               |                  |
|---------------|------------------|
| 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 |
| 18                | 8  | 1   | 18   | 8  | 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)<br>Effluent Gross                       | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT | 4.65                | 1.38               | 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 | 2.3                 | 9.7                | mgal  | *****                    | *****   | *****            |         | 0      | 99/99                 | CN          |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal  | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>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<br>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

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - DISCHARGE MONITORING REPORT (DMR)**

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

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

|                  |
|------------------|
| C05 A            |
| DISCHARGE NUMBER |

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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 | *****               | 4.8                | 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)

**AUGUST 2018 - 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: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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 Ceriodaphnia Effluent Gross           | SAMPLE MEASUREMENT  | *****               | *****   |       | 'g'                      | *****   | *****   |                                 |               |                       |             |
|  | PERMIT REQUIREMENT  | *****               | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |               | Semiannual            | COMP24      |
| LC50 Static 48hr Acute D. Pulex Effluent Gross               | SAMPLE MEASUREMENT  | *****               | *****   |       | 'g'                      | *****   | *****   |                                 |               |                       |             |
|  | 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                  |             |
| David Coppes<br>Chief Operating Officer                      |   |                     |         |       |                          |         |         |                                 | (617)788-4359 | 9/14/2018             |             |

9-REQUIRED SAMPLING COMPLETED

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - 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: David Coppes

|               |                  |
|---------------|------------------|
| 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 |
| 18                | 8  | 1   | 18   | 8  | 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)<br>Effluent Gross                       | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| PH<br>Effluent Gross  | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | 6.5 MINIMUM              | *****   | 8.3 MAXIMUM      | SU      |        | Four Per Year         | GRAB        |
| Solids, Total Suspended<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | PERMIT REQUIREMENT | *****               | *****              |       | Req. Mon MO AV MIN       | *****   | Req. Mon MAXIMUM | mg/L    |        | Four Per Year         | COMPOS      |
| Rainfall<br>Effluent Gross                                    | SAMPLE MEASUREMENT | 4.65                | 1.38               | 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 | 'g'                 | 'g'                |       | *****                    | *****   | *****            |         |        |                       |             |
|   | PERMIT REQUIREMENT | Req. Mon. MO AVG    | Req. Mon. DAILY MX | mgal  | *****                    | *****   | *****            |         |        | Continuous            | CONTIN      |
| Chlorine, total residual<br>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<br>Effluent Gross                     | SAMPLE MEASUREMENT | *****               | *****              |       | 'g'                      | *****   | 'g'              |         |        |                       |             |
|   | 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**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - 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: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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  | *****               | 1.80               | 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 RELIEF OUTFALL**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - DISCHARGE MONITORING REPORT (DMR)**

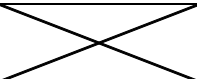
|               |                  |
|---------------|------------------|
| MA0103284     | C25 T            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| FROM              |    |     | TO   |    |     |
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 18                | 8  | 1   | 18   | 8  | 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  | *****   | *****   |       | 'g'                      | *****   | *****   |                                 |        |                       |             |
|  | PERMIT REQUIREMENT  | *****   | *****   |       | Req. Mon. DAILY MN       | *****   | *****   | %                               |        | Semiannual            | COMP24      |
| LC50 Static 48hr Acute Menidia Effluent Gross                | SAMPLE MEASUREMENT  | *****   | *****   |       | 'g'                      | *****   | *****   |                                 |        |                       |             |
|  | 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        |
| David Coppes<br>Chief Operating Officer                      |   |   |         |       |                          |         |         |                                 |        | (617)788-4359         | 9/14/2018   |

9-NO SAMPLING CONDUCTED THIS MONTH

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - 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: David Coppes

| MA0101192         |    |     | 215A             |    |     |
|-------------------|----|-----|------------------|----|-----|
| PERMIT NUMBER     |    |     | DISCHARGE NUMBER |    |     |
| MONITORING PERIOD |    |     |                  |    |     |
| FROM              |    |     | TO               |    |     |
| YEAR              | MO | DAY | YEAR             | MO | DAY |
| 18                | 8  | 1   | 18               | 8  | 31  |

MAJOR (SUBR E)  
 MWRA215  
 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      |        |                       |             |
| BOD, 5-day (20 deg C)<br>Effluent Gross                | SAMPLE MEASUREMENT | *****               | *****              |              | 'g'                       | ***** | 'g'               |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | mg/L       |        | Quarterly             | GRAB-4      |
| PH<br>Effluent Gross                                   | SAMPLE MEASUREMENT | *****               | *****              |              | 'g'                       | ***** | 'g'               |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | 6.5 MINIMUM               | ***** | 8.3 MAXIMUM       | SU         |        | Quarterly             | GRAB-4      |
| Solids, Total Suspended<br>Effluent Gross              | SAMPLE MEASUREMENT | *****               | *****              |              | 'g'                       | ***** | 'g'               |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | mg/L       |        | Quarterly             | GRAB-4      |
| Enterococcus, thermotel,<br>MF, MTEC<br>Effluent Gross | SAMPLE MEASUREMENT | *****               | *****              |              | 'g'                       | ***** | 'g'               |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | Req. Mon. AVERAGE         | ***** | Req. Mon. MAXIMUM | CFU/100 mL |        | Quarterly             | GRAB-4      |
| Rainfall<br>Effluent Gross                             | SAMPLE MEASUREMENT | 0.15                | 1.38               | in           | *****                     | ***** | *****             |            | 0      | MEASD                 | TM          |
|  | PERMIT REQUIREMENT | Req. Mon. AV VALUE  | Req. Mon. MX VALUE | in           | *****                     | ***** | *****             |            |        | Measured              | TOTALZ      |
| Chlorine, Total Residual<br>Effluent Gross             | SAMPLE MEASUREMENT | *****               | *****              |              | 'g'                       | ***** | 'g'               |            |        |                       |             |
|  | PERMIT REQUIREMENT | *****               | *****              |              | 0.1 AVERAGE               | ***** | 0.25 HR AV MX     | mg/L       |        | Quarterly             | GRAB-4      |
| Facility activations<br>Effluent Gross                 | SAMPLE MEASUREMENT | 1                   | *****              | occur/<br>mo | *****                     | ***** | *****             |            | 0      | MEASD                 | TM          |
|  | 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**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2018 - 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: David Coppes

| MA0101192         |    |     | 215A             |    |     |
|-------------------|----|-----|------------------|----|-----|
| PERMIT NUMBER     |    |     | DISCHARGE NUMBER |    |     |
| MONITORING PERIOD |    |     |                  |    |     |
| FROM              |    |     | TO               |    |     |
| YEAR              | MO | DAY | YEAR             | MO | DAY |
| 18                | 8  | 1   | 18               | 8  | 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 | 1.0                 | 1.0               | Mgal  | *****                     | ***** | *****       |            | 0      | WN/DS                 | CN          |
|  | PERMIT REQUIREMENT | Req. Mon. AVERAGE   | Req. Mon. MAXIMUM | Mgal  | *****                     | ***** | *****       |            |        | When Discharging      | CONTIN      |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | *****               | *****             |       | 'g'                       | ***** | 'g'         |            |        |                       |             |
|  | 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: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2018 - 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 |
| 18                | 8  | 1   | 18   | 8  | 31  |

| 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 | *****   | ***** | ***** | 'g'                       | ***** | ***** |                                 |        |                       |             |
|  | PERMIT REQUIREMENT | *****   | ***** | ***** | Req. Mon. DAILY MN        | ***** | ***** | %                               |        | Semiannual            | COMP24      |
| LC50 STATRE 48HR ACUTE MENDIA EFFLUENT GROSS       | SAMPLE MEASUREMENT | *****   | ***** | ***** | 'g'                       | ***** | ***** |                                 |        |                       |             |
|  | 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        |
| David Coppes<br>Chief Operating Officer            |                    |   |       |       |                           |       |       |                                 |        | (617)788-4359         | 9/14/2018   |

9-NO SAMPLING CONDUCTED THIS MONTH

\*: FACILITY STILL IN START-UP PHASE