

**COTTAGE FARM CSO**

**LAST UPDATED: JUNE 14, 2019**

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
19	5	1	19	5	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	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	inches	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		0.1 MO AV MIN	*****	0.25 MX HR RT	mg/L		Four Per Year	GRAB
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

**COTTAGE FARM CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

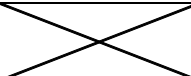
**MAY 2019 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	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-REQUIRED SAMPLING COMPLETED  
 C-NODI / NO DISCHARGE

**COTTAGE FARM CSO**

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


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C01 T
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	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	
David Coppes Chief Operating Officer									(617)788-4359	6/14/2019	

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)  
**MAY 2019 - 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
19	5	1	19	5	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	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	in	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		0.1 MO AV MIN	*****	0.25 MX HR RT	mg/L		Four Per Year	GRAB
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

9-REQUIRED SAMPLING COMPLETED

H - INVALID TEST

**PRISON POINT CSO**

PERMITTEE NAME / ADDRESS  
 NAME MWRA  
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 100 FIRST AVE  
 BOSTON MA 02129

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - 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: David Coppes

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	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

**PRISON POINT CSO**

PERMITTEE NAME / ADDRESS  
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 100 FIRST AVE  
 BOSTON MA 02129

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes


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**MAY 2019 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C03 T
PERMIT NUMBER	DISCHARGE NUMBER

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

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 Static 48hr Acute Ceriodaphnia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	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	
David Coppes Chief Operating Officer									(617)788-4359	6/14/2019	

9-REQUIRED SAMPLING COMPLETED

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - 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		
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

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

\*\*\* NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5-day (20 deg C) Effluent Gross	SAMPLE MEASUREMENT	*****	*****		"g"	*****	"g"				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****		"g"	*****	"g"				
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****		"g"	*****	"g"				
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT	3.28	0.82	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	0.9	0.9		*****	*****	*****		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

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**MAY 2019 - 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
PERMIT NUMBER

C05 A
DISCHARGE NUMBER

MAJOR

(SUBR E)

CSO 205 - MONTHLY & QUARTERLY

External Outfall

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

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	*****	1.5	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  
 FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C05 T
PERMIT NUMBER	DISCHARGE NUMBER

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

\*\*\* NO DISCHARGE 9 \*\*\*

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 Static 48hr Acute Ceriodaphnia Effluent Gross	SAMPLE MEASUREMENT	*****	*****		"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 Chief Operating Officer									(617)788-4359	6/14/2019	

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: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**MAY 2019 - 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
19	5	1	19	5	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	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	mg/L		Four Per Year	COMPOS
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO TOTAL	Req. Mon. MAXIMUM	in	*****	*****	*****			All Events	RCOTOT
Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	mgal	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		0.1 MO AV MIN	*****	0.25 MX HR RT	mg/L		Four Per Year	GRAB
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon MO AV MIN	*****	Req. Mon MAXIMUM	#/100mL		Four Per Year	GRAB

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

ND - NO DATA NM-Unable to measure flow at this location

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**MAY 2019 - 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
PERMIT NUMBER

C25 A
DISCHARGE NUMBER

MAJOR

(SUBR E)

CSO 205 - MONTHLY & QUARTERLY

External Outfall

\*\*\* NO DISCHARGE 9 \*\*\*

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

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

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

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BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: David Coppes

MA0103284
PERMIT NUMBER

C25 T
DISCHARGE NUMBER

MAJOR


(SUBR E)

CSO 205 - MONTHLY & QUARTERLY

External Outfall

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	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 Chief Operating Officer										(617)788-4359	6/14/2019

9-NO SAMPLING CONDUCTED THIS MONTH

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**MAY 2019 - 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: David Coppes

MA0101192	215A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	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, thermotol, 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**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - DISCHARGE MONITORING REPORT (DMR)**

MA0101192	215A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR  
 (SUBR E)  
 MWR215  
 Internal Outfall

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
19	5	1	19	5	31

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

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

**UNION PARK CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**MAY 2019 - 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
19	5	1	19	5	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	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Semiannual	COMP24
LC50 STATRE 48HR ACUTE MENIDIA EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req Mon. MO AV MIN	*****	*****	%		See Permit	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE
David Coppes Chief Operating Officer										(617)788-4359	6/14/2019

9-NO SAMPLING CONDUCTED THIS MONTH

\*: FACILITY STILL IN START-UP PHASE