

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C01 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 201- MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.67	0.42	(61) inches	*****	*****	*****	*****		AL/EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(3R) mgal	*****	*****	*****	*****		99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.00	0.00	(03) mgd	*****	*****	*****	*****		99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

MA0103284
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MINOR
 (SUBR E)
 F - FINAL
 CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

1		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	0	(8A)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	0	(93)	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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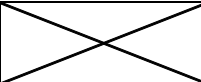
MA0103284
PERMIT NUMBER

C01 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 201 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC MYSID. BAHIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

9-NO SAMPLING CONDUCTED THIS MONTH

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C03 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 203 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.67	0.42	(61) inches	*****	*****	*****	*****	0	AL/EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(3R) mgal	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	1.50	1.50	(03) mgd	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	0.0	*****	0.0	(19) mg/L	0*	01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

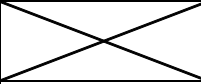
MA0103284
PERMIT NUMBER

C03 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)		FOUR/YEAR	GRAB
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM				
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93) occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****				
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79) hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****				
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	0.50	(8A) hours	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****				

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

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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 ATTN: Michael Hornbrook

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 CSO 203- MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2000	1	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - 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
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	78.2	*****	78.2	(19) mg/L	0	01/31	CP
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.1	(12) SU	0	01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	326.0	*****	440.0	(19) mg/L	0	01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.67	0.42	(61) inches	*****	*****	*****	*****	0	AL/EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(3R) mgal	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.43	0.43	(03) mgd	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	2.70	*****	3.00	(19) mg/L	0*	01/31	GR
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME / ADDRESS
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MA0103284	C05
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 F - FINAL
 CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	1442	*****	1442	(13)	0	01/31	GR
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL			
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****		ALL EVENTS	OCCURS
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****				
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	3.25	(8A)	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****				
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	1	(93)	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****				

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

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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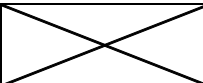
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FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9			(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284	C25
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT			(61)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****				(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	REPORT MAX BDL	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

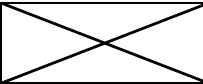
MA0103284
PERMIT NUMBER

C25
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****		(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****		(8A)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284	C25
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****				(23)			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****				(23)			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

CONSTITUTION BEACH CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C07 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 207 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT			(61)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****				(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	REPORT MAX BDL	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

CONSTITUTION BEACH CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C07 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 207 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****		(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****		(8A)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

CONSTITUTION BEACH CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOVEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

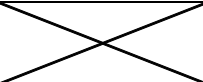
C07 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 207 - MONTHLY & QUARTERLY

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C09 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS	
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR GRAB	
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR COMPOS	
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.67	0.42	(61) inches	*****	*****	*****	*****	0	AL/EV RC	
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS RCORDR	
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(3R) mgal	*****	*****	*****	*****	0	99/99 CN	
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS CONTINUOUS	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.00	0.00	(03) mgd	*****	*****	*****	*****	0	99/99 CN	
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS CONTINUOUS	
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR GRAB	

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - 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	C09 A
PERMIT NUMBER	DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79)	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	0	(8A)	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	CNTESTED	jpurs hours	*****	*****	*****	*****		ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	0	(93)	*****	*****	*****	*****	0	AL/EV	OC
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon occur/mon	*****	*****	*****	*****		ALL EVENTS	OCCURS

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

FOX POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOVEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C09 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 209 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

9-NO SAMPLING CONDUCTED THIS MONTH

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

MA0103284
PERMIT NUMBER

C11 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211- MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12)			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.67	0.42	(61) inches	*****	*****	*****	*****	0	AL/EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0	0	(3R) mgal	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.00	0.00	(03) mgd	*****	*****	*****	*****	0	99/99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DECEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

MA0103284
PERMIT NUMBER

C11 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

*** NO DISCHARGE ***

1		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM				#/100ML
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93) occur/mon	*****	*****	*****	*****		FOUR/YEAR	
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****				OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79) hours/day	*****	*****	*****	*****		ALL EVENTS	
	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****				OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****	0.0	(8A) hours	*****	*****	*****	*****	0	AL/EV	
	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****				OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****	0	(93) occur/mon	*****	*****	*****	*****	0	AL/EV	
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****				OCCURS

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

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOVEMBER 2000 - DISCHARGE MONITORING REPORT (DMR)

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

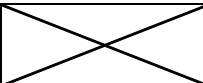
MA0103284
PERMIT NUMBER

C11 A
DISCHARGE NUMBER

MINOR
 (SUBR E)
 F - FINAL
 CSO 211 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	1	1	2001	1	31

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC U CERICDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	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 F. Hornbrook Chief Operating Officer									(617)788-4359	2/15/2001	

9-NO SAMPLING CONDUCTED THIS MONTH