COTTAGE FARM CSO

LAST UPDATED: DEC 16, 2002

PERMITTEE NAME / ADDRESS NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

> 100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

FROM

MO

11

YEAR

2002

MA0103284 C01 A PERMIT NUMBER DISCHARGE NUMBER

2002

•	•									
MONITORING PERIOD										
		TO								
DAY	YEAR	MO	DAY							

30

11

*** NO DISCHARGE ***

CSO 201- MONTHLY & QUARTERLY

MINOR

(SUBR E)

F - FINAL

DADAMETED		(3 Card Only) Ql	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)	$/\!\!/$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	*****	***	22.8	*****	22.8	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	6.4	*****	6.4	(12) SU	0*	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	37.0	*****	37.0	(19) mg/L	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	2.8	2.8	(03) mgd	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	0.0	*****	0.0	(19) mg/L	0	01 / 30	GR
EFFLUENT *- UNDERGOING FACILITY UPG	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB Page 1 of 3

^{* -} UNDERGOING FACILITY UPGRADE

COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

			,
MA0103284			C01 A
PERMIT NUMBER			DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 201 - MONTHLY & QUARTERLY

MONITORING PERIOD									
FROM TO									
YEAR	MO	DAY	YEAR	MO	DAY				
2002 11 1 2002 11 30									

		(3 Card Only) QUANTITY OR LOADING			(NO. EX		SAMPLE TYPE
1		(46-53)	(54-61)	· · · · · · · · · · · · · · · · · · ·	(38-45)	(46-53)	(54-61)	1	4	ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	<10	*****	<10	(13) #/100mL	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BTFA33 OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	2.5	(8A) hours	*****	*****	*****	******	0	AL / EV	ос
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ос
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS **NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)** (SUBR E) NAME MWRA MA0103284 C01 T ADDRESS CHARLESTOWN NAVY YARD F - FINAL PERMIT NUMBER DISCHARGE NUMBER CSO 201 - MONTHLY & QUARTERLY 100 FIRST AVE BOSTON MA 02129 *** NO DISCHARGE *** MONITORING PERIOD FACILITY MWRA FROM TO LOCATION BOSTON MA 02129 MO DAY МО DAY YEAR YEAR ATTN: Michael Hornbrook 2002 11 2002 11 30 (3 Card Only) OHANTITY OR LOADING (4 Card Only) OHANTITY OR LOADING NO EX FREQUENCY OF SAMPLE TYPE

PARAMETER		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING.	`	(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	****	*****	*****	> 100	*****	*****	(23)	0	01 / 180	СР
MYSID. BAHIA EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA	SAMPLE MEASUREMENT	*****	*****	******	> 100	*****	*****	(23)	0	01 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER Michael J. Hornbrook Chief Operating Officer		INFORMATION SU	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH TH 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 SUBMITTIN FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							TELEPHONE	DATE
		ACCURATE AND (aignot.		(617)788-4359	12/31/2002

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE

Page 3 of 3

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

 NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C03 A

 PERMIT NUMBER
 DISCHARGE NUMBER

 RT (DMR)
 (SUBR E)

 C03 A
 F - FINAL

 .RGE NUMBER
 CSO 203 - MONTHLY & QUARTERLY

MINOR

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2002 11 1 2002 11 30										

*** NO DISCHARGE	***

PARAMETER (32-37)	(40-53) (54-61) (38-45) (40-53) (54-61)					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
(62 6.7)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***	21.4	*****	35.8	(19) mg/L	0	04 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	****	***	6.2	*****	7.0	(12) SU	1	04 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	37.1	*****	42.8	(19)	0	04 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61)	*****	*****	*****	*****	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	*****	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****	*********		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	3.02	10.75	(03)	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	****	*****	*****	******		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	*****	***	<0.01	*****	0.01	(19)	0	04 / 30	GR
RESIDUAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

Page 1 of 3

PRISON POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR) MA0103284 DISCHARGE NUMBER PERMIT NUMBER

MINOR (SUBR E) F - FINAL

C03 A

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE ***

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY	YEAR	MO	DAY					
2001	11	1	2001	11	30					

		(3 Card Only) Ql	JANTITY OR L	OADING	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	43	*****	110	(13) #/100mL	0	04 / 30	GR
	PERMIT REQUIREMENT	****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BTPASS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	****	С	(79)	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	10.1	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	5	(93) occur/mon	*****	*****	*****	******	0	AL / EV	OC
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

PRISON POINT CSO

PERMITTEE NAME / ADDRESS NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284	C03 T
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR MO DA						
2002 11 1 2002 11 30									

	(3 Card Only) Ql	JANTITY OR L	OADING.	(4 Card Only)	QUANTITY	OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	01 / 180	СР
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			; AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	JALS IMMEDIATEL	Coo original	form for	TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer			AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE	S FOR SUBMITTIN	oianot.		(617)788-4359	12/31/2002
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT IPAL EXECUTIVE ER Ornbrook	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER INFORMATION SU RESPONSIBLE FO ACCURATE AND O FALSE	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW INFORMATION SUBMITTED HEREIN RESPONSIBLE FOR OBTAINING THACCURATE AND COMPLETE. I AM FALSE INFORMATION, IN	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE I INFORMATION SUBMITTED HEREIN; AND BASED OR RESPONSIBLE FOR OBTAINING THE INFORMATION ACCURATE AND COMPLETE. I AM AWARE THAT THE FALSE INFORMATION, INCLUDING THE FALSE INFORMATION.	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT MEASUREMENT MEASUREMEN	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF FINSE SIDDIVIDING RESPONSIBLE FOR OSTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISO	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REPORT DAILY MN PREPORT DAILY MN	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE SA	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT PERMIT REQUIREMENT DAILY MN PERCENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT RESPONSIBLE FOR DETAINING THE INFORMATION, IS BLIEVE THE SUBMITTED INFORMATION IS TRUE RESPONSIBLE FOR OBTAINING THE INFORMATION, IS BLIEVE THE SUBMITTED INFORMATION IS TRUE RESPONSIBLE FOR OBTAINING THE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.	AVERAGE MAXIMUM UNITS (62-63) AVERAGE MAXIMUM UNITS (62-63) SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT DAILY MN PERMIT REQUIREMENT SEMI / ANNUAL SEMI / ANNUAL TELEPHONE See original form for signature ACCURATE AND COMPLETE. 1 ANAWARE THAT THERE ARE SIGNIFICANT PENALTIES INFORMATION IS SUBJITTIN FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.

9-NO SAMPLING CONDUCTED THIS MONTH

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: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

DAY

FROM

MO

11

YEAR

2002

MA0103284 C05 A
PERMIT NUMBER DISCHARGE NUMBER

YEAR

2002

TO

DAY

30

MO

11

MINOR (SUBR E) F - FINAL

CSO 205 - MONTHLY & QUARTERLY

*** NO DISCHARGE	***

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING	(4 Card Only (38-45)	QUALITY O (46-53)	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)	/	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	****	6.8	*****	6.8	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	****	*****	***	7.0	*****	8.2	(12) SU	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	****	26.7	*****	26.7	(19)	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	0.71	1.56	(03)	*****	*****	****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL	SAMPLE MEASUREMENT	*****	****	***	0.4	*****	1.2	(19)	0*	01 / 30	GR
RESIDUAL EFFLUENT -UNDERGOING FACILITY UPGRA	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

*-UNDERGOING FACILITY UPGRADE

Page 1 of 3

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: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

C05 A
DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD										
FROM TO										
YEAR	MO	DAY YEAR MO DA'								
2002	11	1	2002	11	30					

		(3 Card Only) Ql	JANTITY OR L	OADING.	(4 Card Only)	QUALITY O	R CONCENTR	RATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	<14	*****	<14	(13) #/100mL	0	01 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	*****			
BIT AGO OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	7.47	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	5	(93) occur/mon	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
										`	·

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 ADDRESS C05 T F - FINAL CHARLESTOWN NAVY YARD PERMIT NUMBER DISCHARGE NUMBER 100 FIRST AVE CSO 205 - MONTHLY & QUARTERLY BOSTON MA 02129 *** NO DISCHARGE MONITORING PERIOD FACILITY **MWRA** FROM TO LOCATION BOSTON MA 02129 YEAR MO DAY YEAR МО DAY ATTN: Michael Hornbrook 2002 11 2002 30 11

PARAMETER (32-37)		(3 Card Only) Ql (46-53) AVERAGE	JANTITY OR L (54-61) MAXIMUM	OADING UNITS	(4 Card Only) (38-45) MINIMUM	QUANTITY (46-53) AVERAGE	OR LOADING (54-61) MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	******	> 100	*****	*****	(23)	0	01 / 180	CP
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	******	> 100	*****	*****	(23)	0	01 /180	СР
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCI OFFICE		INFORMATION SU	JBMITTED HEREIN	; AND BASED O	N MY INQUIRY OF	THOSE INDIVIDU	FAMILIAR WITH TH UALS IMMEDIATEL		form for	TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer		ACCURATE AND C		AWARE THAT T	HERE ARE SIGNIF	ICANT PENALTIE	RMATION IS TRUE ES FOR SUBMITTIN DNMENT.	-:		(617)788-4359	12/31/2002

9-NO SAMPLING CONDUCTED THIS MONTH Page 3 of 3

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA
ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284 C25 A
PERMIT NUMBER DISCHARGE NUMBER

(SUBR E) F - FINAL CSO 205 - MONTH<u>LY &</u> QUARTERLY

*** NO DISCHARGE ***

MINOR

MONITORING PERIOD											
	FROM		TO								
YEAR	MO	DAY	YEAR	MO	DAY						
2002	11	1	2002	11	30						

DADAMETED		(3 Card Only) Ql	JANTITY OR L	OADING.	(4 Card Only)	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
(20 DEG. C) EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(12) SU			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	****	*****	***	9	*****	9	(19) mg/L			
EFFLUENT	PERMIT REQUIREMENT	****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61) INCHES	*****	*****	*****	*****	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	NM	NM	(03) MGD	*****	*****	*****	*****	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	9	*****	9	(19)			
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

C25 A

DISCHARGE NUMBER

CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD								
	FROM		TO					
YEAR	MO	DAY	YEAR	MO	DAY			
2002	11	1	2002	11	30			

		(3 Card Only) QI	JANTITY OR L	OADING.	(4 Card Only	QUALITY O	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
1	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)			
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BTFA33 OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	****	С	(79)	****	*****	****	*****			
DISCHARGE	PERMIT REQUIREMENT	****	CNTESTED	hours/day	*****	*****	****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	1.7	(8A) HOURS	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	1	(93) OCC/MON	*****	*****	*****	******	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

SOMERVILLE MARGINAL RELIEF OUTFALL

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

NOVENIDEN 2002 -	(DIVILY)		
MA0103284		C2	25 T
PERMIT NUMBER		DISCHARG	SE NUMBER
	•		

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

*** NO DISCHARGE ***

MINOR

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	11	1	2002	11	30				

PARAMETER		(3 Card Only) Ql		OADING			OR LOADING		NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)	\sim	(46-53)	(54-61)	1	(38-45)	(46-53)	(54-61)	1		ANALYSIS	
(0= 0.7)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC PIMPEPHALES	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	01 / 180	CP
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	*****	> 100	*****	*****	(23)	0	01 / 180	СР
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCI OFFICE		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIAT				JALS IMMEDIATEL			TELEPHONE	DATE	
Michael J. Ho Chief Operatir		ACCURATE AND C	NFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATEL ESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUI CCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						ure	(617)788-4359	12/31/2002

FOX POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

 NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

 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			
2002	11	1	2002	11	30			

PARAMETER (32-37)		(3 Card Only) Ql (46-53)	JANTITY OR L (54-61)	OADING.	(4 Card Only) (38-45)	QUALITY O (46-53)	R CONCENTR (54-61)	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	***	6.2	*****	14.0	(19) mg/L	0	03 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	7.0	*****	8.2	(12) SU	0	03 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	42.9	*****	75.0	(19)	0	03 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.88	3.23	(03)	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd mgd	*****	*****	*****	***********		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	****	*****	***	0.1	*****	0.7	(19)	0*	03 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

FOX POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

 MA0103284
 C09 A

 PERMIT NUMBER
 DISCHARGE NUMBER

MONITORING PERIOD										
	FROM		TO							
YEAR	MO	DAY	YEAR	MO	DAY					
2002	11	1	2002	11	30					

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

*** NO DISCHARGE

1		(3 Card Only) QI (46-53)	JANTITY OR L	OADING	(4 Card Only) QUALITY O (46-53)	R CONCENTR	ATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	<10	*****	<10	(13)	0	03 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BTPASS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79)	*****	*****	*****	******			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED	hours/day	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	18.81	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	****	6	(93) occur/mon	*****	*****	*****	*****	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
]							

FOX POINT CSO

PERMITTEE NAME / ADDRESS NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY **MWRA**

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

		10 1121 0111 (2 11111)
MA0103284		C09 T
PERMIT NUMBER		DISCHARGE NUMBER
	₫'	

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 209 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		ТО						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	11	1	2002	11	30				

PARAMETER	`			(4 Card Only)		NO. EX	O. EX FREQUENCY OF	SAMPLE TYPE			
(32-37)	\sim	(46-53)	(54-61)		(38-45)	(46-53)	(54-61)			ANALYSIS	
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
LC50/PF STAT 24HR AC	SAMPLE MEASUREMENT	*****	*****	******		*****	*****	(23)			
PIMPEPHALES EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT DAILY MN	*****	*****	% PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
EFFLUENT	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							f f	TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer		ACCURATE AND C	COMPLETE. I AM	AWARE THAT T	HERE ARE SIGNIF	I BELIEVE THE SUBMITTED INFORMATION IS TRUE ERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIN OSSIBILITY OF FINE AND IMPRISONMENT.			torm for ure	(617)788-4359	12/31/2002
9-NO SAMPLING CONDUCTED	THIS MONTH	I.									Page 3 of 3

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE	ES)

NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR) MA0103284 C11 A DISCHARGE NUMBER PERMIT NUMBER

MINOR (SUBR E) F - FINAL

CSO 211- MONTHLY & QUARTERLY

*** NO DISCHARGE ***

	MONITORING PERIOD										
	FROM			TO							
YEAR	MO	DAY	YEAR	MO	DAY						
2002	11	1	2002	11	30						

PARAMETER		(3 Card Only) Ql		OADING.	`	,	R CONCENTR	ATION	NO. EX	FREQUENCY OF	SAMPLE TYPE
(32-37)		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(00.00)	ANALYSIS	(00.70)
	SAMPLE	AVERAGE	IVIAAIIVIUIVI	UNITS	IVIIIVIIVIOIVI	AVERAGE	IVIAAIIVIOIVI	(19)	(62-63)	(64-68)	(69-70)
BOD, 5 - DAY (20 DEG. C)	MEASUREMENT	*****	*****	***	12.4	*****	12.4	` ,	0	01 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L mg/L		FOUR/YEAR	COMPOS
PH	SAMPLE MEASUREMENT	*****	*****	***	7.0	*****	8.0	(12) SU	0	02 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	90.0	*****	148.0	(19) mg/L	0	02 / 30	СР
EFFLUENT	PERMIT REQUIREMENT	*****	*****	***	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL	SAMPLE MEASUREMENT	5.03	1.25	(61)	*****	*****	*****	******	0	AL / EV	RC
EFFLUENT	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER	SAMPLE MEASUREMENT	0.0	0.0	(3R)	*****	*****	*****	******	0	99 / 99	CN
BYPASSING TREATMENT PLANT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT	SAMPLE MEASUREMENT	1.72	5.01	(03) mgd	*****	*****	*****	******	0	99 / 99	CN
PLANT EFFLUENT	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	*****	*****	***	1.49	*****	2.96	(19)	0*	02 / 30	GR
EFFLUENT	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L mg/L		FOUR/YEAR	GRAB

^{* -} UNDERGOING FACILITY UPGRADE

COMMERCIAL POINT CSO

PERMITTEE NAME / ADDRESS

NAME MWRA

ADDRESS CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR)

MA0103284
PERMIT NUMBER

C11 A
DISCHARGE NUMBER

MINOR (SUBR E) F - FINAL

*** NO DISCHARGE

CSO 211 - MONTHLY & QUARTERLY

MONITORING PERIOD									
	FROM		TO						
YEAR	MO	DAY	YEAR	MO	DAY				
2002	11	1	2002	11	30				

		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE
1		(46-53)	(54-61)		(38-45) (46-53) (54-61)					ANALYSIS	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	(62-63)	(64-68)	(69-70)
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****	*****	<10	*****	10	(13)	0	02 / 30	GR
GENERAL EFFLUENT	PERMIT REQUIREMENT	*****	*****	******	REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	С	(93)	*****	*****	*****	******			
BIT AGS OF TREATMENT	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF	SAMPLE MEASUREMENT	*****	С	(79) hours/day	*****	*****	*****	*****			
DISCHARGE	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION	SAMPLE MEASUREMENT	*****	6.78	(8A) hours	*****	*****	*****	******	0	AL / EV	ОС
EFFLUENT	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT	SAMPLE MEASUREMENT	*****	5	(93) occur/mon	*****	*****	*****	*****	0	AL / EV	ОС
OBSERVATION	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	occur/mon	*****	*****	*****			ALL EVENTS	OCCURS

COMMERCIAL POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) MINOR PERMITTEE NAME / ADDRESS NOVEMBER 2002 - DISCHARGE MONITORING REPORT (DMR) (SUBR E) NAME MWRA MA0103284 ADDRESS C11 T F - FINAL CHARLESTOWN NAVY YARD PERMIT NUMBER DISCHARGE NUMBER 100 FIRST AVE CSO 211 - MONTHLY & QUARTERLY BOSTON MA 02129 MONITORING PERIOD *** NO DISCHARGE FACILITY **MWRA** FROM TO LOCATION BOSTON MA 02129 YEAR MO DAY YEAR МО DAY ATTN: Michael Hornbrook 2002 11 2002 30 11

PARAMETER (32-37)		(3 Card Only) Ql (46-53) AVERAGE	JANTITY OR L (54-61) MAXIMUM	OADING UNITS	(4 Card Only) (38-45) MINIMUM	QUANTITY (46-53) AVERAGE	OR LOADING (54-61) MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
LC50/PF STAT 24HR AC U CERICDAPHNIA	SAMPLE MEASUREMENT	*****	*****	******	62.7	*****	*****	(23)	(62-63) 1	(64-68) 01 / 180	(69-70) CP
EFFLUENT	PERMIT REQUIREMENT	****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC U D. PULEX	SAMPLE MEASUREMENT	*****	*****	******	> 100	*****	*****	(23)	0	01 / 180	СР
EFFLUENT	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 IMMEDIATED RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUIT 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		TELEPHONE	DATE
Michael F. Hornbrook Chief Operating Officer		ACCURATE AND C								(617)788-4359	12/31/2002

Page 3 of 3

9-NO SAMPLING CONDUCTED THIS MONTH