

COTTAGE FARM CSO

LAST UPDATED: DEC 2, 2010

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)
OCTOBER 2010 - 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 |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER |  | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | 3.90 | 1.29 | 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 | 6.3 | 6.3 | mgal/d | ***** | ***** | ***** | | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | mgal/d | ***** | ***** | ***** | | | 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 |

COTTAGE FARM CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

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

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|--------------------|---------------------|--------------------|----------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ***** | 'g' | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. EVNT TOT | occur/mo | ***** | ***** | ***** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ***** | 1.3 | 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 |
| | | | | | | | | | | | |
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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: Michael Hornbrook


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C01 T |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | ***** | | 'g' | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Static 48hr Acute Menidia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Mysid. Bahia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Menidia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | See original form for signature | | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 11/30/2010 |

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)

OCTOBER 2010 - 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 |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | ***** | | 42.0 | ***** | 42.0 | mg/L | 0 | 01 / 30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 6.1 | ***** | 6.1 | SU | 1 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 42.5 | ***** | 42.5 | mg/L | 0 | 01 / 30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | 3.90 | 1.29 | 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 | 27.5 | 41.0 | mgal/d | ***** | ***** | ***** | | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | mgal/d | ***** | ***** | ***** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 0.02 | ***** | 0.02 | mg/L | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 0.1 MO AV MIN | ***** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 159 | ***** | 159 | #/100mL | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

PRISON POINT CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

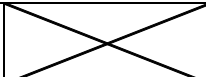
| | |
|---------------|------------------|
| MA0103284 | C03 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER |  | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|---|---------------------|--------------------|-----------|--------------------------|---------|---------|-------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ***** | 'g' | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. EVNT TOT | occur/ mo | ***** | ***** | ***** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ***** | 7.80 | hr | ***** | ***** | ***** | | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | Req. Mon. MAXIMUM | hr | ***** | ***** | ***** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ***** | C | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. MAXIMUM | hr/d | ***** | ***** | ***** | | | All Events | OCCURS |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |

9-REQUIRED SAMPLING COMPLETED
 C-NODI / NO DISCHARGE

PRISON POINT CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)


| | |
|---------------|------------------|
| MA0103284 | C03 T |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: Michael Hornbrook

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER |  | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---|---------|-------|--------------------------|---------|---------|---------------------------------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50 Static 48hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Static 48hr Acute D. Pulex Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | See original form for signature | | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 11/30/2010 |

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2010 - 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 |

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

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | ***** | | 63.4 | ***** | 63.4 | mg/L | 0 | 01 / 30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | '9' | ***** | '9' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 33.2 | ***** | 33.2 | mg/L | 0 | 01 / 30 | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | 3.90 | 1.29 | 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 | 4.1 | 7.5 | mgal/d | ***** | ***** | ***** | | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | mgal/d | ***** | ***** | ***** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 2.27 | ***** | 8.20 | mg/L | 3 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 0.1 MO AV MIN | ***** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 3 | ***** | 3 | #/100mL | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

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

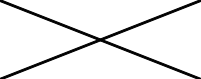
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C05 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER |  | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------------------------|---|---------------------|--------------------|-----------|--------------------------|---------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| Bypass valve | SAMPLE MEASUREMENT | ***** | 'g' | | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. EVNT TOT | occur/ mo | ***** | ***** | ***** | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ***** | 4.7 | 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 |
| | | | | | | | | | | |
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| | | | | | | | | | | |

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: Michael Hornbrook


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C05 T |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | ***** | | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Static 48hr Acute D. Pulex Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | See original form for signature | | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 11/30/2010 |

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2010 - 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 A |
| DISCHARGE NUMBER |

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|--------------------|--------|--------------------------|---------|------------------|---------|--------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | 'g' | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon MO AV MIN | ***** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | 3.90 | 1.29 | 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 | NM | NM | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | mgal/d | ***** | ***** | ***** | | | 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 |

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

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

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)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

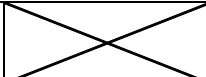
| |
|---------------|
| MA0103284 |
| PERMIT NUMBER |

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

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | 2.70 | hr | ***** | ***** | ***** | | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | Req. Mon. MAXIMUM | hr | ***** | ***** | ***** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ***** | C | | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | Req. Mon. MAXIMUM | hr/d | ***** | ***** | ***** | | | All Events | OCCURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - 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 T |
| 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 |
| 10 | 10 | 1 | 10 | 10 | 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 | ***** | ***** | | 'g' | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Static 48hr Acute Menidia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 'g' | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Mysid. Bahia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Menidia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. MINIMUM | ***** | ***** | pass/fail | | Semiannual | COMP24 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 11/30/2010 |

UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

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

| MA0101192 | | | 215A | | |
|-------------------|----|-----|------------------|----|-----|
| PERMIT NUMBER | | | DISCHARGE NUMBER | | |
| MONITORING PERIOD | | | | | |
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

MAJOR (SUBR E)
 MWRA215
 Internal Outfall _____

*** NO DISCHARGE ***

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|-----------|---------------------------|-------|-------------------|------------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 12.0 | ***** | 12.0 | mg/L | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. AVERAGE | ***** | Req. Mon. MAXIMUM | mg/L | | Quarterly | GRAB-4 |
| PH Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 6.0 | ***** | 7.8 | SU | 2 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | Quarterly | GRAB-4 |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 22.0 | ***** | 22.0 | mg/L | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. AVERAGE | ***** | Req. Mon. MAXIMUM | mg/L | | Quarterly | GRAB-4 |
| Enterococcus, thermotol, MF, MTEC Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 682 | ***** | 682 | CFU/100 mL | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. AVERAGE | ***** | Req. Mon. MAXIMUM | CFU/100 mL | | Quarterly | GRAB-4 |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | 0.13 | 1.29 | in | ***** | ***** | ***** | | 0 | MEASD | TM |
| | PERMIT REQUIREMENT | Req. Mon. AV VALUE | Req. Mon. MX VALUE | in | ***** | ***** | ***** | | | Measured | TOTALZ |
| Chlorine, Total Residual Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 0.01 | ***** | 0.02 | mg/L | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 0.1 AVERAGE | ***** | 0.25 HR AV MX | mg/L | | Quarterly | GRAB-4 |
| Facility activations Effluent Gross | SAMPLE MEASUREMENT | 1 | ***** | occur/ mo | ***** | ***** | ***** | | 0 | MEASD | TM |
| | 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: Michael Hornbrook

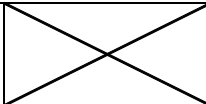
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
OCTOBER 2010 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0101192 | 215A |
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR (SUBR E)
 MWR215
 Internal Outfall

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 10 | 10 | 1 | 10 | 10 | 31 |

*** NO DISCHARGE ***

| PARAMETER |  | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---|---------------------|-------------------|-------|---------------------------|-------|-------------|------------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, Total Effluent Gross | SAMPLE MEASUREMENT | 5.7 | 5.7 | Mgal | ***** | ***** | ***** | | 0 | WN / DS | CN |
| | PERMIT REQUIREMENT | Req. Mon. AVERAGE | Req. Mon. MAXIMUM | Mgal | ***** | ***** | ***** | | | When Discharging | CONTIN |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | 22 | ***** | 22 | CFU/100 mL | 0 | 01 / 30 | GR |
| | PERMIT REQUIREMENT | ***** | ***** | | 200 AVERAGE | ***** | 400 MAXIMUM | CFU/100 mL | | Quarterly | GRAB-4 |
| | | | | | | | | | | | |
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*-FACILITY IN START UP MODE
 9-NO SAMPLING CONDUCTED THIS MONTH
 C-NODI / NO DISCHARGE

UNION PARK CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

OCTOBER 2010 - 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 |
| 10 | 10 | 1 | 10 | 10 | 31 |

| PARAMETER | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 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 | ***** | ***** | ***** | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req Mon. MO AV MIN | ***** | ***** | % | | See Permit | COMP24 |
| LC50 STATRE 48HR ACUTE MENIDIA EFFLUENT GROSS | SAMPLE MEASUREMENT | ***** | ***** | ***** | > 100 | ***** | ***** | % | 0 | 01 / 30 | 24 |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req Mon. MO AV MIN | ***** | ***** | % | | See Permit | COMP24 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | See original form for signature | | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 11/30/2010 |

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE