

**DEER ISLAND TREATMENT PLANT**

**LAST UPDATED: MAY 18, 2001**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME / ADDRESS

NAME MWRA  
ADDRESS CHARLESTOWN NAVY YARD  
100 FIRST AVE

BOSTON MA 02129

FACILITY MWRA

LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook


**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**


MA0103284			T01 A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
01	04	1	01	04	30

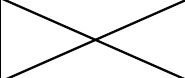
MAJOR (SUBR E)  
F - FINAL  
TREATED SANITARY WASTEWATER

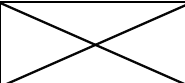
\*\*\* NO DISCHARGE  \*\*\*


PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT LIMIT	QUANTITY OR LOADING			QUANTITY OR LOADING				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM (MO AVE)	AVERAGE (WKLY)	MAXIMUM (DAILY)	UNITS			
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.8	SU	0	01 / 01	GR
	PERMIT LIMIT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU			
SOLIDS, TOTAL SUSPENDED INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	154.1	196.8	277.6	(19) mg/L	0	01 / 01	24
	PERMIT LIMIT	*****	*****	*****	REPORT MO AVG	REPORT WKLY	REPORT DAILY MX	MG/L			
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	11.7	16.5	21.0	(19) mg/L	0	01 / 01	24
	PERMIT LIMIT	*****	*****	*****	30 MO AVG	45 WKLY	REPORT DAILY MX	MG/L			
SOLIDS, SETTLEABLE EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.13	0.30	(25) mL/L	0	01 / 01	GR
	PERMIT LIMIT	*****	*****	*****	*****	REPORT WKLY	REPORT DAILY MX	ML/L			
NITROGEN, AMMONIA TOTAL (AS N) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	11.64	*****	*****	(19) mg/L	0	05 / 30	24
	PERMIT LIMIT	*****	*****	*****	REPORT MO AVG	*****	*****	MG/L			
NITROGEN, NITRITE TOTAL (AS N) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0.201	*****	*****	(19) mg/L	0	05 / 30	24
	PERMIT LIMIT	*****	*****	*****	REPORT MO AVG	*****	*****	MG/L			
NITROGEN, NITRATE TOTAL (AS N) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0.726	*****	*****	(19) mg/L	0	05 / 30	24
	PERMIT LIMIT	*****	*****	*****	REPORT MO AVG	*****	*****	MG/L			

PARAMETER (32-37)		(3 Card Only) QUANTITY OR (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			
NITROGEN, KJELDAHL TOTAL (AS N) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	17.38	*****	*****	(19) mg/L	0	05 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	*****	MG/L		ONCE / MONTH	COMP24
CHLORIDE (AS CL) INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	538	(19) mg/L	0	01 / 01	GR
	PERMIT LIMIT	*****	*****		*****	*****	REPORT DAILY MX	MG/L		DAILY	GRAB
ARSENIC, TOTAL (AS AS) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
COPPER TOTAL RECOVERABLE EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	8.71	*****	11.90	(28) ug/L	0	06 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
COLIFORM, FECAL - % of total number of samples exceeding 14000 #/100mL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****	%	0	03 / 01	CA
	PERMIT LIMIT	*****	*****		10 MAXIMUM	*****	*****	PERCENT		THREE / DAY	GRAB
PCB-1016 (AROCHLOR 1016) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
4, 4'-DDT (P, P'-DDT) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24

PARAMETER (32-37)		(3 Card Only) QUANTITY OR (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			
ALDRIN EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
CHLORDANE, ALPHA, WHOLE WATER EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
CHLORDANE (TECH MIX. AND METABOLITES) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
DIELDRIN EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
HEPTACHLOR EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
HEPTACHLOR EPOXIDE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L			
PCB-1221 (AROCHLOR 1221) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28)	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L			

PARAMETER (32-37)		(3 Card Only) QUANTITY OR			(4 Card Only) QUANTITY OR LOADING				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			
PCB-1232 (AROCHLOR 1232) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
PCB-1242 (AROCHLOR 1242) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
PCB-1248 (AROCHLOR 1248) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
PCB-1254 (AROCHLOR 1254) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
PCB-1260 (AROCHLOR 1260) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		0.000045 MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
POLYCHLORINATED BIPHENYLS (PCBS) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.00	*****	0.00	(28) ng/L	0	01 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	nG/L		ONCE / MONTH	COMP24
HEXACHLOROBENZENE EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24

PARAMETER (32-37)		(3 Card Only) QUANTITY OR (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			
CHLORDANE, GAMMA, WHOLE WATER EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) ug/L	0	02 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT GROSS	SAMPLE MEASUREMENT	480.3	820.7	(03) mgd	*****	*****	*****	*****	0	99 / 99	RC
	PERMIT LIMIT	REPORT MO AVG	REPORT DAILY MX	MGD	*****	*****	*****			CONTIN- UOUS	RCORDR
CHLORINE, TOTAL RESIDUAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	31	*****	43	(19) ug/L	0	03 / 01	GR
	PERMIT LIMIT	*****	*****		456 MO AVG	*****	631 DAILY MX	ug/L		THREE / DAY	GRAB
MERCURY, TOTAL (AS HG) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.026	*****	0.029	(28) ug/L	0	05 / 30	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	UG/L		ONCE / MONTH	COMP24
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	N/A			(13) #/100mL		03 / 01	
	PERMIT LIMIT	*****	*****		200 MoGeoMea	200 WKLY MN	400 DAILY MX	#/100ML		THREE / DAY	GRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	18	52	(13) #/100mL	0	03 / 01	GR
	PERMIT LIMIT	*****	*****		*****	14000 WKLY MN	14000 DAILY MX	#/100ML		THREE / DAY	GRAB
CYANIDE, TOTAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	0.0	(28) mg/L	0	02 / 30	GR
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	MG/L		ONCE / MONTH	GRAB

PARAMETER (32-37)		(3 Card Only) QUANTITY OR (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			
VOLATILE FRACTION ORGANICS (EPA 624) EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	30.96	*****	41.86	(28)	0	02 / 30	GR
	PERMIT LIMIT	*****	*****		REPORT MO AVG	*****	REPORT DAILY MX	ug/L			
CBOD5 / NH3-N RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	86.3	98.3	140.5	(19)	0	01 / 01	24
	PERMIT LIMIT	*****	*****		REPORT MO AVG	REPORT WKLY	REPORT DAILY MX	mg/L			
CBOD5 / NH3-N EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.7	11.4	16.5	(19)	0	01 / 01	24
	PERMIT LIMIT	*****	*****		25 MO AVG	40 WKLY AVG	REPORT DAILY MX	mg/L			
FLOW, TOTAL EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	332.8	442.1	(03)	*****	*****	*****	*****	0	99 / 99	CA
	PERMIT LIMIT	436 ANNL AVG	REPORT MO AVG	MGD	*****	*****	*****				
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	05/15/01	

**DEER ISLAND TREATMENT PLANT**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - 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	T01 T				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
01	04	1	01	04	30

MAJOR  
 (SUBR E)  
 F - FINAL  
 TUNNEL WET DATA

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT LIMIT	(3 Card Only) QUANTITY OR (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 STAT 48HR ACU MYSID. BAHIA TAA3E 1 0 2 EFF	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	(23) %	0	01 / 30	24
	PERMIT LIMIT	*****	*****	****	50 DAILY MN	*****	*****	%			
LC50 STAT 48HR ACU MENDIA TBD6B 1 0 2 EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	(23) %	0	01 / 30	24
	PERMIT LIMIT	*****	*****	****	50 DAILY MN	*****	*****	%			
NOEL STAT 1HR FERT CHR ARBACIA TBH3A 1 0 2 EFFLU	SAMPLE MEASUREMENT	*****	*****	****	< 1.5	*****	*****	(23) %	1	01 / 30	24
	PERMIT LIMIT	*****	*****	****	1.5 DAILY MN	*****	*****	%			
NOAEL STATRE 7DAY CH R MENIDIA TDP6B 1 0 2 EFFLU	SAMPLE MEASUREMENT	*****	*****	****	100	*****	*****	(23) %	0	01 / 30	24
	PERMIT LIMIT	*****	*****	****	1.5 DAILY MN	*****	*****	%			
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	05/15/01	

**COTTAGE FARM CSO**

LAST UPDATED: MAY 18, 2001

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MINOR

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

(SUBR E)

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

F - FINAL

CSO 201- MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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) inches	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R) mgal	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03) mgd	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

\* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH



**COTTAGE FARM CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - 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	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

1	X	(3 Card Only) QUANTITY OR (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		*****	*****	*****		*****		(13) #/100mL			
		*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT		*****	C	(93) occur/mo	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE		*****	C	(79) hours/da	*****	*****	*****	*****			
		*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT		*****		(8A) hours	*****	*****	*****	*****			
		*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION		*****		(93) occur/mon	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS

9-NO SAMPLING CONDUCTED THIS MONTH  
 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)  
**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR (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 PERMIT REQUIREMENT	*****	*****	*****		*****	*****	(23) %			
		*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA EFFLUENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	> 100	*****	*****	(23) %	0	01 / 180	24
		*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE		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	05/15/2001

9-NO SAMPLING CONDUCTED THIS MONTH

**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)

<b>APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)</b>	
MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR (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) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT			(61) inches	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R) mgal	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03) mgd	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C03 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

1	X	(3 Card Only) QUANTITY OR (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		*****	*****	*****		*****		(13) #/100mL			
		*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT		*****	C	(93) occur/mo	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE		*****	C	(79) hours/day	*****	*****	*****	*****			
		*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT		*****		(8A) hours	*****	*****	*****	*****			
		*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION		*****		(93) occur/mon	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS

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

**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

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	4	1	2000	4	30

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR (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		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	05/15/2001

**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284
PERMIT NUMBER

C05
DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - 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	4	1	2001	4	30

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

1	X	(3 Card Only) QUANTITY OR (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		*****	*****	*****		*****		(13) #/100mL			
		*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT		*****	C	(93) occur/mo	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE		*****	C	(79) hours/day	*****	*****	*****	*****			
		*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT		*****		(8A) hours	*****	*****	*****	*****			
		*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION		*****		(93) occur/mon	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS

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

**SOMERVILLE MARGINAL CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C05
PERMIT NUMBER	DISCHARGE NUMBER

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

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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	*****	*****	%		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	%		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE		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	05/15/2001

9-NO SAMPLING CONDUCTED THIS MONTH



**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - 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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT			(61) INCHES	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****			ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R) mgal	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****			CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03) MGD	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****			CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

\* - UNDERGOING FACILITY UPGRADE

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**APRIL 2001 - 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	4	1	2001	4	30

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

1	X	(3 Card Only) QUANTITY OR (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		*****	*****	*****		*****		(13) #/100mL			
		*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT		*****	C	(93) occur/mo	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE		*****	C	(79) hours/day	*****	*****	*****	*****			
		*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT		*****		(8A) HOURS	*****	*****	*****	*****			
		*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION		*****		(93) OCC/MON	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	occur/mo n	*****	*****	*****			ALL EVENTS	OCCURS

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



**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

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	4	1	2001	4	30

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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) inches	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT			(3R) mgal	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT			(03) mgd	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****		*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C09 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

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

1	X	(3 Card Only) QUANTITY OR (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		*****	*****	*****		*****		(13) #/100mL			
		*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT		*****	C	(93) occur/mo	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE		*****	C	(79) hours/day	*****	*****	*****	*****			
		*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT		*****		(8A) hours	*****	*****	*****	*****			
		*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION		*****		(93) occur/mon	*****	*****	*****	*****			
		*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS

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

**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)  
**APRIL 2001 - 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
2001	4	1	2001	4	30

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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		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.						TELEPHONE		DATE	
Michael J. Hornbrook Chief Operating Officer								See original form for signature		(617)788-4359	

**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)

**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

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	4	1	2001	4	30

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR (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	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

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

**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)

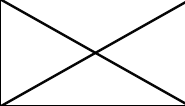
**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

1		(3 Card Only) QUANTITY OR (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	*****	*****	*****		*****		(13)			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100mL #/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****	C	(93) occur/mo	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****	C	(79) hours/da	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	y	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****		(8A) hours	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	n	*****	*****	*****			ALL EVENTS	OCCURS

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



**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)  
**APRIL 2001 - DISCHARGE MONITORING REPORT (DMR)**

MA0103284	C11 A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
2001	4	1	2001	4	30

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR (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	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****		REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE		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	05/15/2001