

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

LAST UPDATED: JUL 13, 2005

PERMITTEE NAME / ADDRESS

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

FACILITY MWRA
 LOCATION BOSTON MA 02129

ATTN: Michael Hornbrook

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

| |
|------------------|
| C01 A |
| DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|-----------------------|--------|-------------------------------------------------------------------|---------|-------------------|-------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (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 |

9-NO SAMPLING CONDUCTED THIS MONTH

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| 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 |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

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

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

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

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

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------|-------|--------------------------------------------------------------|---------|---------|---------------------------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50/PF STAT 24HR AC MYSID. BAHIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| LC50/PF STAT 24HR AC MENIDIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE | |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | (617)788-4359 | 7/30/2005 | |

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE

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)
JUNE 2005 - 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 |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING | | | (4 Card Only) QUALITY OR CONCENTRATION | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|--------------------|-----------------------------------|--------------------|----------------|----------------------------------------|--------------------|--------------------|--------------|-------------------|-------------------------------------|------------------------|
| | | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (19) mg/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| PH EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (12) SU | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | FOUR/YEAR | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (19) mg/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| RAINFALL EFFLUENT | SAMPLE MEASUREMENT | 1.46 | 0.58 | (61) inches | ***** | ***** | ***** | ***** | 0 | AL / EV | RC |
| | PERMIT REQUIREMENT | REPORT MO TOTAL | REPORT MAXIMUM | inches | ***** | ***** | ***** | ***** | | ALL EVENTS | RCORDR |
| FLOW, WASTEWATER BYPASSING TREATMENT PLANT | SAMPLE MEASUREMENT | 0.0 | 0.0 | (3R) mgal | ***** | ***** | ***** | ***** | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgal | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT | SAMPLE MEASUREMENT | 6.29 | 6.29 | (03) mgd | ***** | ***** | ***** | ***** | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgd | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| CHLORINE, TOTAL RESIDUAL EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (19) mg/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 0.1 AVERAGE | ***** | 0.25 MAX HR RT | mg/L | | FOUR/YEAR | GRAB |

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

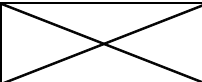
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

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

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

| 1 |  | (3 Card Only) QUANTITY OR LOADING | | | (4 Card Only) QUALITY OR CONCENTRATION | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|----------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|--------------------|-----------|----------------------------------------|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
| | | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS | MINIMUM (38-45) | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS | | | |
| COLIFORM, FECAL GENERAL EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | 9 | (13) | | FOUR/YEAR | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | | REPORT MO GEO | ***** | REPORT MAXIMUM | #/100ML | | | |
| BYPASS OF TREATMENT | SAMPLE MEASUREMENT | ***** | C | (93) | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| | PERMIT REQUIREMENT | ***** | REPORT EVENT TOT | occur/mon | ***** | ***** | ***** | | | | |
| DURATION OF DISCHARGE | SAMPLE MEASUREMENT | ***** | C | (79) | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| | PERMIT REQUIREMENT | ***** | CNTESTED | hours/day | ***** | ***** | ***** | | | | |
| DISCHARGE DURATION EFFLUENT | SAMPLE MEASUREMENT | ***** | 4.8 | (8A) | ***** | ***** | ***** | ***** | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | CNTESTED | hours | ***** | ***** | ***** | | | ALL EVENTS | OCCURS |
| DISCHARGE EVENT OBSERVATION | SAMPLE MEASUREMENT | ***** | 1 | (93) | ***** | ***** | ***** | ***** | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | REPORT EVENT TOT | occur/mon | ***** | ***** | ***** | | | ALL EVENTS | OCCURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

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

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|--------------------------------------------------------------|---------|---------|---------------------------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| LC50/PF STAT 24HR AC DAPHNIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | See original form for signature | | TELEPHONE | DATE |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | | (617)788-4359 | 7/30/2005 |

9-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - 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 |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|--------------------|------------------------------------------------------|-----------------------|----------------|-------------------------------------------------------------------|---------|-------------------|-------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| PH EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (12) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | FOUR/YEAR | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| RAINFALL EFFLUENT | SAMPLE MEASUREMENT | | | (61) 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 |

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

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

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

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

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

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - 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 T |
| DISCHARGE NUMBER |

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------|-------|--------------------------------------------------------------|---------|---------|---------------------------------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | (23) % | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| LC50/PF STAT 24HR AC DAPHNIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | (23) % | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE | |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | (617)788-4359 | 7/30/2005 | |

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)
JUNE 2005 - 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 |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|--------------------|------------------------------------------------------|-----------------------|--------|-------------------------------------------------------------------|---------|-------------------|-------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| PH EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (12) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | FOUR/YEAR | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| RAINFALL EFFLUENT | SAMPLE MEASUREMENT | | | (61) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | REPORT MO TOTAL | REPORT MAXIMUM | inches | ***** | ***** | ***** | ***** | | ALL EVENTS | RCORDR |
| FLOW, WASTEWATER BYPASSING TREATMENT PLANT | SAMPLE MEASUREMENT | | | (3R) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgal | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT | SAMPLE MEASUREMENT | | | (03) | ***** | ***** | ***** | | | | |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgd | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| CHLORINE, TOTAL RESIDUAL EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (19) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 0.1 AVERAGE | ***** | 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)
JUNE 2005 - 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 |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

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

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

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C09 T |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|-------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------|-------|--------------------------------------------------------------|---------|---------|---------------------------------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| LC50/PF STAT 24HR AC DAPHNIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE | |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | (617)788-4359 | 7/30/2005 | |

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C11 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|--------------------|----------------|-------------------------------------------------------------------|---------|-------------------|--------------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (19) mg/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| PH EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (12) SU | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | 6.5 MINIMUM | ***** | 8.3 MAXIMUM | SU | | FOUR/YEAR | GRAB |
| SOLIDS, TOTAL SUSPENDED EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9 | ***** | 9 | (19) mg/L | | | |
| | PERMIT REQUIREMENT | ***** | ***** | **** | REPORT AVERAGE | ***** | REPORT MAXIMUM | mg/L | | FOUR/YEAR | COMPOS |
| RAINFALL EFFLUENT | SAMPLE MEASUREMENT | 1.46 | 0.58 | (61) inches | ***** | ***** | ***** | ***** | 0 | AL / EV | RC |
| | PERMIT REQUIREMENT | REPORT MO TOTAL | REPORT MAXIMUM | inches | ***** | ***** | ***** | ***** | | ALL EVENTS | RCORDR |
| FLOW, WASTEWATER BYPASSING TREATMENT PLANT | SAMPLE MEASUREMENT | 0.0 | 0.0 | (3R) mgal | ***** | ***** | ***** | ***** | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgal | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT | SAMPLE MEASUREMENT | 0.92 | 0.92 | (03) mgd | ***** | ***** | ***** | ***** | 0 | 99 / 99 | CN |
| | PERMIT REQUIREMENT | CNTESTED MO AVG | CNTESTED DAILY MAX | mgd | ***** | ***** | ***** | ***** | | CONTINUOUS | CONTINUOUS |
| CHLORINE, TOTAL RESIDUAL EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | 9.0 | ***** | 9.0 | (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

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

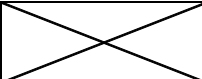
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C11 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| 1 |  | (3 Card Only) QUANTITY OR LOADING | | | (4 Card Only) QUALITY OR CONCENTRATION | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|----------------------------------|-----------------------------------------------------------------------------------|-----------------------------------|------------------|-----------|----------------------------------------|-----------------|-----------------|---------|-------------------|----------------------------------|------------------------|
| | | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | | | |
| COLIFORM, FECAL GENERAL EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | 9 | (13) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT MO GEO | ***** | REPORT MAXIMUM | #/100ML | | FOUR/YEAR | GRAB |
| BYPASS OF TREATMENT | SAMPLE MEASUREMENT | ***** | C | (93) | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | REPORT EVENT TOT | occur/mon | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| DURATION OF DISCHARGE | SAMPLE MEASUREMENT | ***** | C | (79) | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | CNTESTED | hours/day | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| DISCHARGE DURATION EFFLUENT | SAMPLE MEASUREMENT | ***** | 1.20 | (8A) | ***** | ***** | ***** | ***** | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | CNTESTED | hours | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| DISCHARGE EVENT OBSERVATION | SAMPLE MEASUREMENT | ***** | 1 | (93) | ***** | ***** | ***** | ***** | 0 | AL / EV | OC |
| | PERMIT REQUIREMENT | ***** | REPORT EVENT TOT | occur/mon | ***** | ***** | ***** | ***** | | ALL EVENTS | OCCURS |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

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

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)
JUNE 2005 - DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C11 T |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------|-------|--------------------------------------------------------------|---------|---------|------------------------------------|-------------------|-------------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50/PF STAT 24HR AC U CERICDAPHNIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) % | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| LC50/PF STAT 24HR AC U D. PULEX EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | 9 | ***** | ***** | (23) % | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE | |
| Michael F. Hornbrook Chief Operating Officer | | | | | | | | | (617)788-4359 | 7/30/2005 | |

9-NO SAMPLING CONDUCTED THIS MONTH

H-INVALID TEST

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - 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 |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

| PARAMETER (32-37) | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) | | | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------------------------------------|-----------------------------------------|------------------------------------------------------|-----------------------|----------------|-------------------------------------------------------------------|---------|-------------------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5 - DAY (20 DEG. C) EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | **** | | ***** | | (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

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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - 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 A |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

*** NO DISCHARGE ***

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

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

SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

JUNE 2005 - 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 |

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

*** NO DISCHARGE ***

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 05 | 6 | 1 | 05 | 6 | 30 |

| PARAMETER (32-37) | SAMPLE MEASUREMENT PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) | | | (4 Card Only) QUANTITY OR LOADING (38-45) | | | | 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 | COMPOSITE |
| LC50/PF STAT 24HR AC DAPHNIA EFFLUENT | SAMPLE MEASUREMENT | ***** | ***** | ***** | | ***** | ***** | (23) | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT DAILY MN | ***** | ***** | PERCENT | | SEMI / ANNUAL | COMPOSITE |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. | | | | | | | See original form for signature | TELEPHONE | DATE | |
| Michael J. Hornbrook Chief Operating Officer | | | | | | | | | (617)788-4359 | 7/30/2005 | |

9-NO SAMPLING CONDUCTED THIS MONTH