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### Cottage Farm CSO

**National Pollutant Discharge Elimination System (NPDES)**

**September 2005 - Discharge Monitoring Report (DMR)**

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### Permittee Name / Address

**Name:** MWRA  
**Address:** Charlestown Navy Yard  
**Location:** Boston MA 02129

**Facility:** MWRA  
**Location:** Boston MA 02129  
**Attention:** Michael Hornbrook

---

### Monitoring Data

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#### Sample Measurement

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**Note:** No sampling conducted this month. C-NODI / No discharge.
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<td>REPORT DAILY MN</td>
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</table>

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER: Michael J. Hornbrook
Chief Operating 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 POSSIBILITIES OF FINE AND IMPRISONMENT.

See original form for signature

TELEPHONE: (617)788-4359
DATE: 2005/10/31

9-NO SAMPLING CONDUCTED THIS MONTH
*: FACILITY STILL IN START-UP PHASE
### Prison Point CSO

**Permit Number**: MA0103284  
**Discharge Number**: C03A  
**Monitored Parameter**: BOD, 5 - DAY (20 DEG. C)  
**Effluent**:  
**Sampling Period**: September 2005 - Discharge Monitoring Report (DMR)  
**Location**: MWRA  
**Permittee Name/Address**: Charlestown Navy Yard  
**Facility**: MWRA  
**Monitoring Period**: From 05 9 1 To 05 9 30  
**Permittee**: Michael Hornbrook  
**Minor (Sub-E)**: No Discharge

#### Sampling Type:
- **BOD, 5 - DAY**: COMPOS
- **PH**: COMPOS
- **SOLIDS, TOTAL SUSPENDED**: COMPOS
- **RAINFALL**: ALL EVENTS
- **FLOW, WASTEWATER BYPASSING TREATMENT PLANT**: CONTINUOUS
- **FLOW, IN CONDUIT OR THRU TREATMENT PLANT**: CONTINUOUS
- **CHLORINE, TOTAL RESIDUAL**: COMPOS

#### Monitoring Results:

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<th>Frequency of Analysis</th>
<th>Sample Type</th>
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<td>(61)</td>
<td>(62-63)</td>
<td>COMPOS</td>
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<tr>
<td></td>
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<td></td>
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**9 No Sampling Conducted This Month**
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9: NO SAMPLING CONDUCTED THIS MONTH
C-NODI / NO DISCHARGE
**PRISON POINT CSO**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

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<td>C03 T</td>
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**MINOR**

(SUBR E)

F - FINAL

CSO 203 - MONTHLY & QUARTERLY

*** NO DISCHARGE [ ] ***

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**PARAMETER**

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**PERMITTE NAME / ADDRESS**

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

**FACILITY**

MWRA

**LOCATION**

BOSTON MA 02129

**ATTN:** Michael Hornbrook

---

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

Michael J. Hornbrook
Chief Operating Officer

---

**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.

---

**TELEPHONE**

(617)788-4359

**DATE**

2005/10/31

---

**LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT**

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| REPORT DAILY MN     |         |         |       |         |         |         |       |

| PERCENT (23)        |         |         |       |         |         |         |       |

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**LC50/PF STAT 24HR AC DAPHNIA EFFLUENT**

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| REPORT DAILY MN     |         |         |       |         |         |         |       |

| PERCENT (23)        |         |         |       |         |         |         |       |

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9-NO SAMPLING CONDUCTED THIS MONTH
### SOMERVILLE MARGINAL CSO

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

**PERMIT NUMBER**

**DISCHARGE NUMBER**

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<tr>
<th>MONITORING PERIOD</th>
<th>YEAR</th>
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**PARAMETER**

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<td>UNITS</td>
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<tr>
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<td>SAMPLE MEASUREMENT</td>
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<td>*****</td>
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<tr>
<td>(20 DEG. C) EFFLUENT</td>
<td>PERMIT REQUIREMENT</td>
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<tr>
<td>PH EFFLUENT</td>
<td>SAMPLE MEASUREMENT</td>
<td>*****</td>
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<tr>
<td>SOLIDS, TOTAL SUSPENDED EFFLUENT</td>
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**PERMITTEE NAME / ADDRESS**

**NAME**

**ADDRESS**

**FACILITY**

**LOCATION**

**ATTN:**

---

9-NO SAMPLING CONDUCTED THIS MONTH
## Monitoring Period

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<td>(64-68)</td>
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#### Coliform, Fecal General Effluent

- **Sample Measurement**: 8
- **Minimum, Average, Maximum Units**: #/100mL
- **Permit Requirement**: REPORT MO GEO
- **Report Event Tot**: ALL EVENTS OCCURS
- **Duration of Discharge**: 8A hours/day
- **Sampling Event Observation**: ALL EVENTS OCCURS

#### Discharge Duration Effluent

- **Sample Measurement**: 0.90
- **Permit Requirement**: CNTESSED
- **Sampling Event Observation**: ALL EVENTS OCCURS

#### Discharge Event Observation

- **Sample Measurement**: 2
- **Permit Requirement**: REPORT EVENT TOT
- **Sampling Event Observation**: ALL EVENTS OCCURS

---

9: NO SAMPLING CONDUCTED THIS MONTH
C-NODI / NO DISCHARGE
**SOMERVILLE MARGINAL CSO**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

**PERMIT NUMBER**

MA0103284

**DISCHARGE NUMBER**

C05 T

**MINOR**

(SUBR E)

F - FINAL

CSO 205 - MONTHLY & QUARTERLY

**MONITORING PERIOD**

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**PARAMETER (32-37)**

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</tbody>
</table>

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

Michael J. Hornbrook

Chief Operating 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 TRULY ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILTY OF FINE AND IMPRISONMENT.

See original form for signature

**TELEPHONE**

(617)788-4359

**DATE**

2005/10/31

9-NO SAMPLING CONDUCTED THIS MONTH
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* - UNDERGOING FACILITY UPGRADE
9 - NO SAMPLING CONDUCTED THIS MONTH
### MONITORING PERIOD

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#### COLIFORM, FECAL

**General Effluent**

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**Bypass of Treatment**

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**Duration of Discharge**

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**Discharge Duration Effluent**

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**Discharge Event Observation**

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*9-NO SAMPLING CONDUCTED THIS MONTH*  
*C-NODI / NO DISCHARGE*
**FOX POINT CSO**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

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**MONITORING PERIOD**

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**PARAMETER**

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**QUANTITY OR LOADING**

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</table>

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

Michael J. Hornbrook
Chief Operating 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: (617)788-4359
DATE: 2005/10/31

*** NO DISCHARGE ***
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* - UNDERGOING FACILITY UPGRADE
9 - NO SAMPLING CONDUCTED THIS MONTH
**COMMERCIAL POINT CSO**

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

**MONITORING PERIOD**

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<th>YEAR</th>
<th>MO</th>
<th>DA</th>
<th>FROM</th>
<th>TO</th>
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9: NO SAMPLING CONDUCTED THIS MONTH
C-NODI / NO DISCHARGE

Page 2 of 3
### COMMERCIAL POINT CSO

#### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

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#### MONITORING PERIOD

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#### PARAMETER (32-37)

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### SOMERVILLE MARGINAL RELIEF OUTFALL

**PERMITTEE NAME / ADDRESS**

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

**FACILITY** MWRA  
**LOCATION** BOSTON MA 02129  
ATTN: Michael Hornbrook

**PERMIT NUMBER** MA0103284  
**DISCHARGE NUMBER** C25 A

**MONITORING PERIOD**

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<td>Permit Requirement</td>
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<table>
<thead>
<tr>
<th>FLOW, WASTEWATER BYPASSING TREATMENT PLANT</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>MINIMUM</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>NO. EX</th>
<th>FREQUENCY OF ANALYSIS</th>
<th>SAMPL TYPE</th>
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</thead>
<tbody>
<tr>
<td>Sample Measurement</td>
<td>0.0</td>
<td>0.0</td>
<td>mgal</td>
<td>0.0</td>
<td>REPORT</td>
<td>0.0</td>
<td>99/99</td>
<td>0</td>
<td>CONTINUOUS</td>
<td>CN</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<table>
<thead>
<tr>
<th>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>MINIMUM</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>NO. EX</th>
<th>FREQUENCY OF ANALYSIS</th>
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<tr>
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<td>NM</td>
<td>MGD</td>
<td>NM</td>
<td>REPORT</td>
<td>NM</td>
<td>99/99</td>
<td>0</td>
<td>CONTINUOUS</td>
<td>CN</td>
</tr>
<tr>
<td>Permit Requirement</td>
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<table>
<thead>
<tr>
<th>CHLORINE, TOTAL RESIDUAL EFFLUENT</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>MINIMUM</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>NO. EX</th>
<th>FREQUENCY OF ANALYSIS</th>
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<tbody>
<tr>
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<td>(19)</td>
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<td>FOUR/YEAR</td>
<td>GRAB</td>
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<td>Permit Requirement</td>
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<td></td>
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<td></td>
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* - UNDERGOING FACILITY UPGRADE  
9 - NO SAMPLING CONDUCTED THIS MONTH  
ND - NO DATA  
NM - Unable to measure flow at this location.
### SOMERVILLE MARGINAL RELIEF OUTFALL

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

<table>
<thead>
<tr>
<th>PERMIT NUMBER</th>
<th>DISCHARGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA0103284</td>
<td>C25 A</td>
</tr>
</tbody>
</table>

**PERMITTEE NAME / ADDRESS**

**NAME** MWRA

**ADDRESS** CHARLESTOWN NAVY YARD

100 FIRST AVE

BOSTON MA 02129

**FACILITY** MWRA

**LOCATION** BOSTON MA 02129

**ATTN:** Michael Hornbrook

---

**MONITORING PERIOD**

<table>
<thead>
<tr>
<th>DATE</th>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>05</td>
<td>9</td>
<td>1</td>
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<table>
<thead>
<tr>
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<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
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<tbody>
<tr>
<td>AVERAGE</td>
<td>MAXIMUM UNITS</td>
<td>MINIMUM AVERAGE MAXIMUM</td>
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<tr>
<td>REPORT</td>
<td>MO GEO</td>
<td>REPORT MAXIMUM</td>
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<td>REPORT</td>
<td>EVENT TOT</td>
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**NO. EX**

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<thead>
<tr>
<th>FREQUENCY OF ANALYSIS</th>
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<td>(62-63)</td>
<td>(69-70)</td>
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**COLIFORM, FECAL GENERAL EFFLUENT**

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<tbody>
<tr>
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**BYPASS OF TREATMENT**

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**DURATION OF DISCHARGE**

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<tr>
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**DISCHARGE DURATION EFFLUENT**

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**DISCHARGE EVENT OBSERVATION**

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**QUALITY OR CONCENTRATION**

<table>
<thead>
<tr>
<th>UNITS</th>
<th>MINIMUM</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>#/100mL</td>
<td>REPORT</td>
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<td>REPORT MAXIMUM</td>
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<tr>
<td>#/100mL</td>
<td>EVENT TOT</td>
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**DISCHARGE EVENT OBSERVATION**

<table>
<thead>
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<th>UNITS</th>
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<tr>
<td>AL / EV OC</td>
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**PERMIT NUMBER**

**DISCHARGE NUMBER**

---

**NOTES**

- **DISCHARGE MONITORING REPORT (DMR)**
- **MONITORING PERIOD**
- **NO. EX**
- **FREQUENCY OF ANALYSIS**
- **SAMPLE TYPE**

9: NO SAMPLING CONDUCTED THIS MONTH

C-NODI / NO DISCHARGE
### SOMERVILLE MARGINAL RELIEF OUTFALL

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**SEPTEMBER 2005 - DISCHARGE MONITORING REPORT (DMR)**

**PERMIT NUMBER**: MA0103284  **DISCHARGE NUMBER**: C25 T

#### PERMIT NUMBER

<table>
<thead>
<tr>
<th>MONITORING PERIOD</th>
<th>FROM</th>
<th>TO</th>
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</thead>
<tbody>
<tr>
<td>YEAR</td>
<td>MO</td>
<td>DAY</td>
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<tr>
<td>05</td>
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#### PARAMETER (32-37)  
**EC50/PF STAT 24HR AC**

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<thead>
<tr>
<th>SAMPLE MEASUREMENT</th>
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<th>QUANTITY OR LOADING</th>
<th>QUANTITY OR LOADING</th>
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</thead>
<tbody>
<tr>
<td>AVERAGE</td>
<td>MAXIMUM</td>
<td>UNITS</td>
<td>MINIMUM</td>
</tr>
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**PERCENT**

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>(23)</td>
<td>(64-68)</td>
<td>SEMI / ANNUAL COMPOSITE</td>
</tr>
</tbody>
</table>

#### NAME / TITLE PRINCIPAL EXECUTIVE OFFICER

Michael J. Hornbrook  
Chief Operating 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**: (617)788-4359  
**DATE**: 2005/10/31

---

**9-NO SAMPLING CONDUCTED THIS MONTH**

---

**FACILITY**: MWRA  
**LOCATION**: BOSTON MA 02129  
**ATTN**: Michael Hornbrook

---

**MINOR (SUBR E)**

F - FINAL

CSO 205 - MONTHLY & QUARTERLY

---

*** NO DISCHARGE  ***

---

9-NO SAMPLING CONDUCTED THIS MONTH