

**COTTAGE FARM CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2006 - DISCHARGE MONITORING REPORT (DMR)**

**LAST UPDATED: SEP 11, 2006**

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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                                       | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |                    |                | (4 Card Only) QUALITY OR CONCENTRATION<br>(38-45) (46-53) (54-61) |         |                   |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|---|--|--------------------|----------------|---|---------|-------------------|--------------|-------------------|----------------------------------|------------------------|
|  |   | AVERAGE  | MAXIMUM            | UNITS          | MINIMUM   | AVERAGE | MAXIMUM           | UNITS        |                   |                                  |                        |
| BOD, 5 - DAY<br>(20 DEG. C)<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           |   |         |                   | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| PH<br>EFFLUENT   | SAMPLE MEASUREMENT                      | *****  | *****              | ****           |   |         |                   | (12)<br>SU   |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 6.5<br>MINIMUM  | *****   | 8.3<br>MAXIMUM    | SU           |                   | FOUR/YEAR                        | GRAB                   |
| SOLIDS, TOTAL<br>SUSPENDED<br>EFFLUENT                     | SAMPLE MEASUREMENT                      | *****  | *****              | ****           |   |         |                   | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| RAINFALL<br>EFFLUENT                                       | SAMPLE MEASUREMENT                      |  |                    | (61)<br>inches | *****   | *****   | *****             | *****        |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | REPORT MO TOTAL                                      | REPORT MAXIMUM     | inches         | *****   | *****   | *****             | *****        |                   | ALL EVENTS                       | RCORDR                 |
| FLOW,<br>WASTEWATER<br>BYPASSING TREATMENT<br>PLANT        | SAMPLE MEASUREMENT                      |  |                    | (3R)<br>mgal   | *****   | *****   | *****             | *****        |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgal           | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT<br>PLANT<br>EFFLUENT | SAMPLE MEASUREMENT                      |  |                    | (03)<br>mgd    | *****   | *****   | *****             | *****        |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgd            | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| CHLORINE, TOTAL<br>RESIDUAL<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           |   |         |                   | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 0.1<br>AVERAGE  | *****   | 0.25<br>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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| 1                                |                    | (3 Card Only) QUANTITY OR LOADING |                    |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |         | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|----------------------------------|--------------------|-----------------------------------|--------------------|-----------|--|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
|                                  |                    | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61) | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(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

**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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                             | SAMPLE MEASUREMENT<br>PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61)   |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF<br>ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|--|--|---------|-------|--|---------|---------|---------------------------------|-------------------|-------------------------------------|------------------------|
|  |  | AVERAGE  | MAXIMUM | UNITS | MINIMUM  | AVERAGE | MAXIMUM | UNITS                           |                   |                                     |                        |
| LC50/PF STAT 24HR AC<br>MYSID. BAHIA<br>EFFLUENT | SAMPLE MEASUREMENT                       | *****  | *****   | ***** |  | *****   | *****   | (23)                            |                   |                                     |                        |
|  | PERMIT REQUIREMENT                       | *****  | *****   | ***** | REPORT DAILY MN  | *****   | *****   | PERCENT                         |                   | SEMI / ANNUAL                       | COMPOSITE              |
| LC50/PF STAT 24HR AC<br>MENIDIA<br>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<br>Chief Operating Officer  |  |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                           |                        |

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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                                       | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |                    |                | (4 Card Only) QUALITY OR CONCENTRATION<br>(38-45) (46-53) (54-61) |         |                   |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|---|--|--------------------|----------------|---|---------|-------------------|--------------|-------------------|----------------------------------|------------------------|
|  |   | AVERAGE  | MAXIMUM            | UNITS          | MINIMUM   | AVERAGE | MAXIMUM           | UNITS        |                   |                                  |                        |
| BOD, 5 - DAY<br>(20 DEG. C)<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| PH<br>EFFLUENT   | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (12)<br>SU   |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 6.5<br>MINIMUM  | *****   | 8.3<br>MAXIMUM    | SU           |                   | FOUR/YEAR                        | GRAB                   |
| SOLIDS, TOTAL<br>SUSPENDED<br>EFFLUENT                     | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| RAINFALL<br>EFFLUENT                                       | SAMPLE MEASUREMENT                      | 3.20   | 0.84               | (61)<br>inches | *****   | *****   | *****             | *****        | 0                 | AL / EV                          | RC                     |
|  | PERMIT REQUIREMENT                      | REPORT MO TOTAL                                      | REPORT MAXIMUM     | inches         | *****   | *****   | *****             | *****        |                   | ALL EVENTS                       | RCORDR                 |
| FLOW,<br>WASTEWATER<br>BYPASSING TREATMENT<br>PLANT        | SAMPLE MEASUREMENT                      | 0.0  | 0.0                | (3R)<br>mgal   | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgal           | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT<br>PLANT<br>EFFLUENT | SAMPLE MEASUREMENT                      | 3.0  | 3.8                | (03)<br>mgd    | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgd            | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| CHLORINE, TOTAL<br>RESIDUAL<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 0.1<br>AVERAGE  | *****   | 0.25<br>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

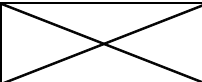
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2006 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

| 1                                |  | (3 Card Only) QUANTITY OR LOADING |                    |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |         | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|----------------------------------|---|-----------------------------------|--------------------|-----------|--|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
|                                  |   | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61) | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(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  | *****                             | 2.3                | (8A)      | *****                                  | *****              | *****              | *****   | 0                 | AL / EV                          | OC                     |
|                                  | PERMIT REQUIREMENT  | *****                             | CNTESTED           | hours     | *****                                  | *****              | *****              |         |                   | ALL EVENTS                       | OCCURS                 |
| DISCHARGE EVENT OBSERVATION      | SAMPLE MEASUREMENT  | *****                             | 2                  | (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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                            | SAMPLE MEASUREMENT<br>PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61)   |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|---|--|--|---------|-------|--|---------|---------|---------------------------------|-------------------|----------------------------------|------------------------|
|   |  | AVERAGE  | MAXIMUM | UNITS | MINIMUM  | AVERAGE | MAXIMUM | UNITS                           |                   |                                  |                        |
| LC50/PF STAT 24HR AC<br>PIMPEPHALES<br>EFFLUENT | SAMPLE MEASUREMENT                       | *****  | *****   | ***** | 9  | *****   | *****   | (23)                            |                   |                                  |                        |
|   | PERMIT REQUIREMENT                       | *****  | *****   | ***** | REPORT DAILY MN  | *****   | *****   | PERCENT                         |                   | SEMI / ANNUAL                    | COMPOSITE              |
| LC50/PF STAT 24HR AC<br>DAPHNIA<br>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<br>Chief Operating Officer |  |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                        |                        |

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)

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                                       | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |                    |                | (4 Card Only) QUALITY OR CONCENTRATION<br>(38-45) (46-53) (54-61) |         |                   |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|---|--|--------------------|----------------|---|---------|-------------------|--------------|-------------------|----------------------------------|------------------------|
|  |   | AVERAGE  | MAXIMUM            | UNITS          | MINIMUM   | AVERAGE | MAXIMUM           | UNITS        |                   |                                  |                        |
| BOD, 5 - DAY<br>(20 DEG. C)<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| PH<br>EFFLUENT   | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (12)<br>SU   |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 6.5<br>MINIMUM  | *****   | 8.3<br>MAXIMUM    | SU           |                   | FOUR/YEAR                        | GRAB                   |
| SOLIDS, TOTAL<br>SUSPENDED<br>EFFLUENT                     | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| RAINFALL<br>EFFLUENT                                       | SAMPLE MEASUREMENT                      | 3.20   | 0.84               | (61)<br>inches | *****   | *****   | *****             | *****        | 0                 | AL / EV                          | RC                     |
|  | PERMIT REQUIREMENT                      | REPORT MO TOTAL                                      | REPORT MAXIMUM     | inches         | *****   | *****   | *****             | *****        |                   | ALL EVENTS                       | RCORDR                 |
| FLOW,<br>WASTEWATER<br>BYPASSING TREATMENT<br>PLANT        | SAMPLE MEASUREMENT                      | 0.0  | 0.0                | (3R)<br>mgal   | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgal           | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT<br>PLANT<br>EFFLUENT | SAMPLE MEASUREMENT                      | 0.6  | 0.6                | (03)<br>mgd    | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgd            | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| CHLORINE, TOTAL<br>RESIDUAL<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 0.1<br>AVERAGE  | *****   | 0.25<br>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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| 1                                |  | (3 Card Only) QUANTITY OR LOADING |                    |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |         | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|----------------------------------|---|-----------------------------------|--------------------|-----------|--|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
|                                  |   | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61) | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(54-61) | 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  | *****                             | 1.5                | (8A)      | *****                                  | *****              | *****              | *****   | 0                 | AL / EV                          | OC                     |
|                                  | PERMIT REQUIREMENT  | *****                             | CNTESTED           | hours     | *****                                  | *****              | *****              | *****   |                   | ALL EVENTS                       | OCCURS                 |
| DISCHARGE EVENT OBSERVATION      | SAMPLE MEASUREMENT  | *****                             | 2                  | (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

**SOMERVILLE MARGINAL CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

| PARAMETER<br>(32-37)                            | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61)   |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(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<br>Chief Operating Officer |   |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                        |                        |

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)

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                                       |                    | (3 Card Only) QUANTITY OR LOADING |                    |                | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |              | NO. EX<br>(62-63) | FREQUENCY OF<br>ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|--------------------|-----------------------------------|--------------------|----------------|--|--------------------|--------------------|--------------|-------------------|-------------------------------------|------------------------|
|  |                    | (46-53)<br>AVERAGE                | (54-61)<br>MAXIMUM | UNITS          | (38-45)<br>MINIMUM                     | (46-53)<br>AVERAGE | (54-61)<br>MAXIMUM | UNITS        |                   |                                     |                        |
| BOD, 5 - DAY<br>(20 DEG. C)<br>EFFLUENT                    | SAMPLE MEASUREMENT | *****                             | *****              | ****           | 9                                      | *****              | 9                  | (19)<br>mg/L |                   |                                     |                        |
|  | PERMIT REQUIREMENT | *****                             | *****              | ****           | REPORT AVERAGE                         | *****              | REPORT MAXIMUM     | mg/L         |                   | FOUR/YEAR                           | COMPOS                 |
| PH<br>EFFLUENT   | SAMPLE MEASUREMENT | *****                             | *****              | ****           | 9                                      | *****              | 9                  | (12)<br>SU   |                   |                                     |                        |
|  | PERMIT REQUIREMENT | *****                             | *****              | ****           | 6.5<br>MINIMUM                         | *****              | 8.3<br>MAXIMUM     | SU           |                   | FOUR/YEAR                           | GRAB                   |
| SOLIDS, TOTAL<br>SUSPENDED<br>EFFLUENT                     | SAMPLE MEASUREMENT | *****                             | *****              | ****           | 9                                      | *****              | 9                  | (19)<br>mg/L |                   |                                     |                        |
|  | PERMIT REQUIREMENT | *****                             | *****              | ****           | REPORT AVERAGE                         | *****              | REPORT MAXIMUM     | mg/L         |                   | FOUR/YEAR                           | COMPOS                 |
| RAINFALL<br>EFFLUENT                                       | SAMPLE MEASUREMENT | 3.20                              | 0.84               | (61)<br>inches | *****                                  | *****              | *****              | *****        | 0                 | AL / EV                             | RC                     |
|  | PERMIT REQUIREMENT | REPORT MO TOTAL                   | REPORT MAXIMUM     | inches         | *****                                  | *****              | *****              | *****        |                   | ALL EVENTS                          | RCORDR                 |
| FLOW,<br>WASTEWATER<br>BYPASSING TREATMENT<br>PLANT        | SAMPLE MEASUREMENT | 0.0                               | 0.0                | (3R)<br>mgal   | *****                                  | *****              | *****              | *****        | 0                 | 99 / 99                             | CN                     |
|  | PERMIT REQUIREMENT | CNTESTED MO AVG                   | CNTESTED DAILY MAX | mgal           | *****                                  | *****              | *****              | *****        |                   | CONTINUOUS                          | CONTINUOUS             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT<br>PLANT<br>EFFLUENT | SAMPLE MEASUREMENT | 1.5                               | 2.6                | (03)<br>mgd    | *****                                  | *****              | *****              | *****        | 0                 | 99 / 99                             | CN                     |
|  | PERMIT REQUIREMENT | CNTESTED MO AVG                   | CNTESTED DAILY MAX | mgd            | *****                                  | *****              | *****              | *****        |                   | CONTINUOUS                          | CONTINUOUS             |
| CHLORINE, TOTAL<br>RESIDUAL<br>EFFLUENT                    | SAMPLE MEASUREMENT | *****                             | *****              | ****           | 9                                      | *****              | 9                  | (19)<br>mg/L |                   |                                     |                        |
|  | PERMIT REQUIREMENT | *****                             | *****              | ****           | 0.1<br>AVERAGE                         | *****              | 0.25<br>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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| 1                                      |  | (3 Card Only) QUANTITY OR LOADING |                     |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |                    | NO. EX<br>(62-63) | FREQUENCY OF<br>ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|---|-----------------------------------|---------------------|-----------|--|--------------------|--------------------|--------------------|-------------------|-------------------------------------|------------------------|
|  |   | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61)  | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(54-61) | UNITS              |                   |                                     |                        |
| COLIFORM, FECAL<br>GENERAL<br>EFFLUENT | SAMPLE<br>MEASUREMENT   | *****                             | *****               | *****     | 9                                      | *****              | 9                  | (13)               |                   |                                     |                        |
|  | PERMIT<br>REQUIREMENT   | *****                             | *****               | *****     | REPORT<br>MO GEO                       | *****              | REPORT<br>MAXIMUM  | #/100mL<br>#/100ML |                   | FOUR/YEAR                           | GRAB                   |
| BYPASS OF TREATMENT                    | SAMPLE<br>MEASUREMENT   | *****                             | C                   | (93)      | *****                                  | *****              | *****              | *****              |                   |                                     |                        |
|  | PERMIT<br>REQUIREMENT   | *****                             | REPORT<br>EVENT TOT | occur/mon | *****                                  | *****              | *****              | *****              |                   | ALL EVENTS                          | OCCURS                 |
| DURATION OF<br>DISCHARGE               | SAMPLE<br>MEASUREMENT   | *****                             | C                   | (79)      | *****                                  | *****              | *****              | *****              |                   |                                     |                        |
|  | PERMIT<br>REQUIREMENT   | *****                             | CNTESTED            | hours/day | *****                                  | *****              | *****              | *****              |                   | ALL EVENTS                          | OCCURS                 |
| DISCHARGE DURATION<br>EFFLUENT         | SAMPLE<br>MEASUREMENT   | *****                             | 2.9                 | (8A)      | *****                                  | *****              | *****              | *****              | 0                 | AL / EV                             | OC                     |
|  | PERMIT<br>REQUIREMENT   | *****                             | CNTESTED            | hours     | *****                                  | *****              | *****              | *****              |                   | ALL EVENTS                          | OCCURS                 |
| DISCHARGE EVENT<br>OBSERVATION         | SAMPLE<br>MEASUREMENT   | *****                             | 2                   | (93)      | *****                                  | *****              | *****              | *****              | 0                 | AL / EV                             | OC                     |
|  | PERMIT<br>REQUIREMENT   | *****                             | REPORT<br>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)  
**AUGUST 2006 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| MA0103284     | C09 T            |
| 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

| PARAMETER<br>(32-37)                            | SAMPLE MEASUREMENT<br>PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61)   |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(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<br>Chief Operating Officer |  |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                        |                        |

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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                                       | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |                    |                | (4 Card Only) QUALITY OR CONCENTRATION<br>(38-45) (46-53) (54-61) |         |                   |              | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|--|---|--|--------------------|----------------|---|---------|-------------------|--------------|-------------------|----------------------------------|------------------------|
|  |   | AVERAGE  | MAXIMUM            | UNITS          | MINIMUM   | AVERAGE | MAXIMUM           | UNITS        |                   |                                  |                        |
| BOD, 5 - DAY<br>(20 DEG. C)<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| PH<br>EFFLUENT   | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (12)<br>SU   |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 6.5<br>MINIMUM  | *****   | 8.3<br>MAXIMUM    | SU           |                   | FOUR/YEAR                        | GRAB                   |
| SOLIDS, TOTAL<br>SUSPENDED<br>EFFLUENT                     | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | REPORT AVERAGE  | *****   | REPORT MAXIMUM    | mg/L         |                   | FOUR/YEAR                        | COMPOS                 |
| RAINFALL<br>EFFLUENT                                       | SAMPLE MEASUREMENT                      | 3.20   | 0.84               | (61)<br>inches | *****   | *****   | *****             | *****        | 0                 | AL / EV                          | RC                     |
|  | PERMIT REQUIREMENT                      | REPORT MO TOTAL                                      | REPORT MAXIMUM     | inches         | *****   | *****   | *****             | *****        |                   | ALL EVENTS                       | RCORDR                 |
| FLOW,<br>WASTEWATER<br>BYPASSING TREATMENT<br>PLANT        | SAMPLE MEASUREMENT                      | 0.0  | 0.0                | (3R)<br>mgal   | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgal           | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| FLOW, IN CONDUIT OR<br>THRU TREATMENT<br>PLANT<br>EFFLUENT | SAMPLE MEASUREMENT                      | 2.3  | 4.1                | (03)<br>mgd    | *****   | *****   | *****             | *****        | 0                 | 99 / 99                          | CN                     |
|  | PERMIT REQUIREMENT                      | CNTESTED MO AVG                                      | CNTESTED DAILY MAX | mgd            | *****   | *****   | *****             | *****        |                   | CONTINUOUS                       | CONTINUOUS             |
| CHLORINE, TOTAL<br>RESIDUAL<br>EFFLUENT                    | SAMPLE MEASUREMENT                      | *****  | *****              | ****           | 9   | *****   | 9                 | (19)<br>mg/L |                   |                                  |                        |
|  | PERMIT REQUIREMENT                      | *****  | *****              | ****           | 0.1<br>AVERAGE  | *****   | 0.25<br>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

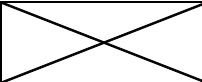
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**AUGUST 2006 - DISCHARGE MONITORING REPORT (DMR)**

|               |                  |
|---------------|------------------|
| 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| 1                                |  | (3 Card Only) QUANTITY OR LOADING |                    |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |         | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|----------------------------------|---|-----------------------------------|--------------------|-----------|--|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
|                                  |   | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61) | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(54-61) | 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  | *****                             | 2.7                | (8A)      | *****                                  | *****              | *****              | *****   | 0                 | AL / EV                          | OC                     |
|                                  | PERMIT REQUIREMENT  | *****                             | CNTESTED           | hours     | *****                                  | *****              | *****              |         |                   | ALL EVENTS                       | OCCURS                 |
| DISCHARGE EVENT OBSERVATION      | SAMPLE MEASUREMENT  | *****                             | 3                  | (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)  
**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| PARAMETER<br>(32-37)                            | SAMPLE MEASUREMENT<br>PERMIT REQUIREMENT  | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(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<br>Chief Operating Officer |   |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                        |                        |

9-NO SAMPLING CONDUCTED THIS MONTH

H-INVALID TEST

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

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

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

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

| 1                                | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING |                    |           | (4 Card Only) QUALITY OR CONCENTRATION |                    |                    |         | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |
|----------------------------------|---|-----------------------------------|--------------------|-----------|--|--------------------|--------------------|---------|-------------------|----------------------------------|------------------------|
|                                  |   | AVERAGE<br>(46-53)                | MAXIMUM<br>(54-61) | UNITS     | MINIMUM<br>(38-45)                     | AVERAGE<br>(46-53) | MAXIMUM<br>(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 RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**AUGUST 2006 - 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 |
| 06                | 8  | 1   | 06   | 8  | 31  |

| PARAMETER<br>(32-37)                            | SAMPLE MEASUREMENT<br>PERMIT REQUIREMENT  | (3 Card Only) QUANTITY OR LOADING<br>(46-53) (54-61) |         |       | (4 Card Only) QUANTITY OR LOADING<br>(38-45) (46-53) (54-61) |         |         |                                 | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(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<br>Chief Operating Officer |   |  |         |       |  |         |         |                                 | (617)788-4359     | 9/30/2006                        |                        |

9-NO SAMPLING CONDUCTED THIS MONTH