

UNION PARK CSO

LAST UPDATED: JUN 11, 2007

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MAY 2007 - DISCHARGE MONITORING REPORT (DMR)

MAJOR (SUBR E) MWRA215
Internal Outfall _____

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

MA0101192	215A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	5	1	07	5	31

*** NO DISCHARGE ***

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day (20 deg C) Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	GRAB-4
PH Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Quarterly	GRAB-4
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	mg/L		Quarterly	GRAB-4
E. Coli, thermotel, MF, MTEC Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. AVERAGE	*****	Req. Mon. MAXIMUM	CFU/100 mL		Quarterly	GRAB-4
Rainfall Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. AV VALUE	Req. Mon. MX VALUE	in	*****	*****	*****			Measured	TOTALZ
Chlorine, Total Residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		0.1 AVERAGE	*****	0.25 HR AV MX	mg/L		Quarterly	GRAB-4
Rainfall Events Effluent Gross	SAMPLE MEASUREMENT		*****		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. EVNT TOT	*****	occur/mo	*****	*****	*****			Measured	TOTALZ

9-NO SAMPLING CONDUCTED THIS MONTH

UNION PARK CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MAY 2007 - DISCHARGE MONITORING REPORT (DMR)

MA0101192	215A
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
 (SUBR E)
 MWR215
 Internal Outfall

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	5	1	07	5	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, Total Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	Mgal	*****	*****	*****			When Discharging	CONTIN
Coliform, fecal general Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		200 AVERAGE	*****	400 MAXIMUM	CFU/100 mL		Quarterly	GRAB-4

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

UNION PARK CSO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
MAY 2007 - DISCHARGE MONITORING REPORT (DMR)

MA0101192	215T
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
 (SUBR E)
 Toxicity
 Internal Outfall

*** NO DISCHARGE ***

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
07	5	1	07	5	31

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 STATRE 48HR ACUTE MYSID. BAHIA EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Req Mon. MO AV MIN	*****	*****	%		See Permit	COMP24
LC50 STATRE 48HR ACUTE MENIDIA EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	Req Mon. MO AV MIN	*****	*****	%		See Permit	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						See original form for signature		TELEPHONE	DATE
Michael J. Hornbrook Chief Operating Officer										(617)788-4359	6/30/2007

9-NO SAMPLING CONDUCTED THIS MONTH

*: FACILITY STILL IN START-UP PHASE