

**COTTAGE FARM CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

**LAST UPDATED: JAN 10, 2007**

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

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	12	1	06	12	31

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

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

9-NO SAMPLING CONDUCTED THIS MONTH

**COTTAGE FARM CSO**

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


NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DECEMBER 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	12	1	06	12	31

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

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****		(13) #/100mL			
	PERMIT REQUIREMENT	*****	*****		REPORT MO GEO	*****	REPORT MAXIMUM	#/100ML		FOUR/YEAR	GRAB
BYPASS OF TREATMENT	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT		*****	*****	*****			ALL EVENTS	OCCURS
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	*****		(79) hours/day	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED		*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE DURATION EFFLUENT	SAMPLE MEASUREMENT	*****		(8A) hours	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	CNTESTED	hours	*****	*****	*****			ALL EVENTS	OCCURS
DISCHARGE EVENT OBSERVATION	SAMPLE MEASUREMENT	*****		(93) occur/mon	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	REPORT EVENT TOT	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)  
**DECEMBER 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	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC MYSID. BAHIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC MENIDIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

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)  
**DECEMBER 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	12	1	06	12	31

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

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

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)  
**DECEMBER 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	12	1	06	12	31

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

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

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

**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)  
**DECEMBER 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	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.						See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

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)  
**DECEMBER 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	12	1	06	12	31

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

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

9-NO SAMPLING CONDUCTED THIS MONTH

**SOMERVILLE MARGINAL CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DECEMBER 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	12	1	06	12	31

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

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

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



**SOMERVILLE MARGINAL CSO**

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

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MA0103284	C05 T
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 (SUBR E)  
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 CSO 205 - MONTHLY & QUARTERLY

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

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)  
**DECEMBER 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	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.89	0.81	(61) inches	*****	*****	*****	*****	0	AL / EV	RC
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.9	1.3	(03) mgd	*****	*****	*****	*****	0	99 / 99	CN
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

\* - 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)  
**DECEMBER 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	12	1	06	12	31

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

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	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	*****	1.6	(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

**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)  
**DECEMBER 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	12	1	06	12	31

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

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)  
**DECEMBER 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	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BOD, 5 - DAY (20 DEG. C) EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
PH EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(12) SU			
	PERMIT REQUIREMENT	*****	*****	****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		FOUR/YEAR	GRAB
SOLIDS, TOTAL SUSPENDED EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	REPORT AVERAGE	*****	REPORT MAXIMUM	mg/L		FOUR/YEAR	COMPOS
RAINFALL EFFLUENT	SAMPLE MEASUREMENT	1.89	0.81	(61) inches	*****	*****	*****	*****			
	PERMIT REQUIREMENT	REPORT MO TOTAL	REPORT MAXIMUM	inches	*****	*****	*****	*****		ALL EVENTS	RCORDR
FLOW, WASTEWATER BYPASSING TREATMENT PLANT	SAMPLE MEASUREMENT	0.0	0.0	(3R) mgal	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgal	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT EFFLUENT	SAMPLE MEASUREMENT	0.8	0.8	(03) mgd	*****	*****	*****	*****			
	PERMIT REQUIREMENT	CNTESTED MO AVG	CNTESTED DAILY MAX	mgd	*****	*****	*****	*****		CONTINUOUS	CONTINUOUS
CHLORINE, TOTAL RESIDUAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	****	9	*****	9	(19) mg/L			
	PERMIT REQUIREMENT	*****	*****	****	0.1 AVERAGE	*****	0.25 MAX HR RT	mg/L		FOUR/YEAR	GRAB

\* - 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

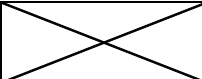
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DECEMBER 2006 - DISCHARGE MONITORING REPORT (DMR)**

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	12	1	06	12	31

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

1		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
COLIFORM, FECAL GENERAL EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	9	(13)		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	*****	1.6	(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

**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)  
**DECEMBER 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	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUANTITY OR LOADING (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC U CERICDAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC U D. PULEX EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****	9	*****	*****	(23) %			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael F. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

9-NO SAMPLING CONDUCTED THIS MONTH

H-INVALID TEST

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 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	12	1	06	12	31

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

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

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

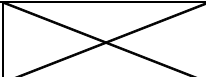
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DECEMBER 2006 - DISCHARGE MONITORING REPORT (DMR)**

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	12	1	06	12	31

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

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

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DECEMBER 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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
06	12	1	06	12	31

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR LOADING (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50/PF STAT 24HR AC PIMPEPHALES EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
LC50/PF STAT 24HR AC DAPHNIA EFFLUENT	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	(23)			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MN	*****	*****	PERCENT		SEMI / ANNUAL	COMPOSITE
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT.							See original form for signature	TELEPHONE	DATE	
Michael J. Hornbrook Chief Operating Officer									(617)788-4359	1/31/2007	

9-NO SAMPLING CONDUCTED THIS MONTH