NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	06/30/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/13/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

31862700 31639000223700 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2012	07/31/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

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QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2012	08/31/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	20	20	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

32036200 31862700173500 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	08/31/2012

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/29/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed quarterly DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2012	08/31/2012

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/29/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed quarterly DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

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FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	09/30/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/15/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter reading32078800 - 32036200 = 42600 total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	10/31/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings32319300320788002405 00 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2012	11/30/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8.8	8.8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3257790032319300258600 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	11/30/2012

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2012	11/30/2012

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******					
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******					
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2012
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	12/31/2012

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)1/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter331289003257790055100 0 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2013	01/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)2/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3337770033128900248800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2013	02/28/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings33929800333777005521 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	02/28/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2012	02/28/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/29/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	03/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings3455730033929800627500 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2013	04/30/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/16/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3467230034557300115000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No discharge in May

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	05/31/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Managert	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)6/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No discharge in May

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2013	05/31/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	3				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Managert	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)6/14/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No discharge in May

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	06/30/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

3553710034672300864800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2013	07/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	9.6	9.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)8/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3564890035537100111800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings35537100355371000 gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/31/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/31/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/20/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	10/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/15/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3583890035537100301800 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2013	11/30/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.9	******	7.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	120	120	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

3599580035838900156900 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	11/30/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/29/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed quarterly DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	11/30/2013

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/29/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Completed quarterly DMR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	12/31/2013

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	24	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/15/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings36637800359958006420 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	01/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.3	******	8.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings37069600366378004318 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2014	02/28/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5.1	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings3736030037069600290700 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	02/28/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2013	02/28/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/24/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/16/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

37546800 Meter readings37360300186500 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/15/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings38257100375468007103 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38257100382571000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/18/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	05/31/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/18/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38257100382571000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		08/11/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38422400382571001653 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/05/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38422400384224000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/05/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38422400384224000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	08/31/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/05/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38422400384224000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38422400384224000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	95	95	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/14/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings38897500384224004751 00 total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings39361600388975004641 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	11/30/2014

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/05/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Tertminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/14/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings40178300393616008167 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	01/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		02/13/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings40178300401783000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2015	02/28/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings40178300401783000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	02/28/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2014	02/28/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/14/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings40818400401783006401 00 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/14/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings4101440040818400196000 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/12/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings41014400410144000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/12/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	05/31/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/12/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/10/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings41014400410144000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	6.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)8/11/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4115920041014400144800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/04/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings41159200411592000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/13/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	08/31/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/13/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/09/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings41159200411592000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/13/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4148020041159200321000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter readings4170540041480200225200 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	11/30/2015

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	12/31/2015

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/15/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4201110041705400305700

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)2/15/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4226780042011100256700 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4259270042267800324900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)3/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

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QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings427175004259270012480 0 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2016	04/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4301360042717500296100 total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.4	******	8.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6.8	6.8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4313780043013600124200 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	05/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 4.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	06/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings432017004313780063901 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings43201700432017000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

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QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings43201700432017000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/27/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/27/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/07/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings 43201700432017000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/14/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4357990043201700378200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4369680043579900116900 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	4.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/15/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/13/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings43696800436968000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4419580043696800499000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/16/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	02/28/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/10/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings44196800441968000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/20/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading4466470044195800468900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	9.3	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings453972004466470073250 0 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4576940045397200372200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)6/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)6/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4614620045769400376800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)8/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings463952004614620024900 0 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings46395200463952000 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings46494400463952009920 0 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings46880600464944003862 00 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7.6	7.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings472319004688060035130 0 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/12/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings47231900472319000 Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		02/15/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4799500047480700514300 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/06/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings48521800479950005268 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	02/28/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/06/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	02/28/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/06/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/10/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4900330048521800481500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4937620049003300372900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/09/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		08/13/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

meter Readings49376200493762000 - Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings49376200493762000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/16/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings4991540049376200672000 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5039520049915400479800 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5.4	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings51208700503952008135 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.2	5.2	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5161620051208700407500 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5228590051616200669700 Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings527992005229590050330 0 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	02/28/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	02/28/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		04/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5328840052799200489200 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5406620053288400777800 -Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5441260054066200346400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	9.4	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8	******	8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5458790054412600175300 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		08/11/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5488960054587900301700 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings54889600548896000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/08/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings54889600548896990 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.6	******	7.6	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/12/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings553700005488960048040 0 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	13	13	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings55777400553700004074 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	5.2	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5677520055777400997800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	16	16	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		02/13/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5712320056775200348000 -Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/02/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings57123200571232000

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	02/29/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/04/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	02/29/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/04/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5.6	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/08/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading5759050056832700757800 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.7	******	7.7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	22	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5842640057590500835900 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5862380058426400197400 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/16/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.7	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)6/16/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/06/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		08/12/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings58623800586238000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/09/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings58623800586238000 - Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/09/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/09/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/09/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/17/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5914270058745200397500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	17	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings5962220059142700479500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/14/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Reading60404000596222007818 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.3	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	30	42	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo6178470993/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)2/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6071560060404000311600 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6106690060715600351300 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	02/28/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	02/28/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		04/14/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6126840061066900201500 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	5.6	5.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/17/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6161830061268400349900 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.1	******	8.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4.4	4.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/01/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6176200061618300143700 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.8	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/11/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	11	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6176200061618300143700 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2021	07/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 9.6	< 9.6	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6243460061930600504000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2021	08/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.1	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8.4	8.4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/14/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6281820062434600383600 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	08/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)9/14/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	08/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.5	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/14/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	09/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/15/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings63157800628182003396 00 -Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2021	10/31/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.4	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		11/15/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings636671006315780049930 0 -total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2021	11/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	6.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	23	23	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/22/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings64070300636571004132 00 -Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	11/30/2021

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

QUARTERLY DATA

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/22/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2021	11/30/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.6	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 2	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/22/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	12/31/2021

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		01/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings64070300640703000 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2022	01/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		02/11/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings64070300640703000 - gallons discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2022	02/28/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5.2	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings65220800644511007697 00 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	02/28/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 1	ug/L		Quarterly	Grab
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)3/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2021	02/28/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	< 9.9	ug/L		Quarterly	Grab
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	< 3	ug/L		Quarterly	Grab
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		03/10/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	03/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.2	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 8	< 8	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)4/15/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6568290065220800462100 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2022	04/30/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	6.9	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)5/13/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings659685006568290028560 0 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2022	05/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/08/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings65968500659685000 - Gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	05/31/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
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FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2022	05/31/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		06/08/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2022	06/30/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		)7/06/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings65968500659685000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2022	07/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings65968500659685000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2022	08/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings65968500659685000 - gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2022	08/31/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2022	08/31/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		09/07/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2022	09/30/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	8.5	******	8.5	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		10/13/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6628200065968500313500 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2022	10/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	7.8	******	7.8	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	< 4	< 4	mg/L		Monthly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	< 5	mg/L		Monthly	Grab
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	200	gal/min	******	******	******	******		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings6674619966282000464199 - Total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2022	11/30/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
TREATED STORMWATER RUNOFF
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******	NODI C	******	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	NODI C	NODI C				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	NODI C		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Meter Readings66748100667481000 - total gallons discharged

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
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FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2022	11/30/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Toluene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	51 DAILY MX	ug/L		Quarterly	Grab
Benzo[b]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[k]fluoranthene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Chrysene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Ethylbenzene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/05/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-B

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2022	11/30/2022

DMR Mailing ZIP CODE: 02169
MINOR
(SUBR E)
QUARTERLY DATA
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Indeno[1,2,3-cd]pyrene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Benzo[a]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Dibenz[a,h]anthracene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Naphthalene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
p-Xylene	SAMPLE MEASUREMENT	******	******	******	******	******	NODI C				
34728 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Stephen Cipullo/ Terminal Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Stephen Cipullo	(617)847-0993		12/05/2022
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Test 1x quarter same time monthly test is taken. If no discharge from Tank#8, enter NODI '9'.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: SPRAGUE TWIN RIVERS TECH TERM

ADDRESS: 740 WASHINGTON STREET
QUINCY, MA 02169

FACILITY: SPRAGUE ENERGY

LOCATION: 740 WASHINGTON STREET
QUINCY, MA 02169

ATTN: STEVE CIPULLO, TERMINAL MGR

PERMIT NUMBER	DISCHARGE NUMBER
MA0028037	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2022	12/31/2022

DMR Mailing ZIP CODE: 02169

MINOR

(SUBR E)

TREATED STORMWATER RUNOFF

External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Monthly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	30 MO AVG	100 DAILY MX	mg/L		Monthly	Grab
Oil and grease	SAMPLE MEASUREMENT	******	******	******	******	******					
03582 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	15 DAILY MX	mg/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******			******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	200 DAILY MX	gal/min	******	******	******	******		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SUBMIT SEPERATE FLOW and pH report with monthly DMR. See footnote5. If no discharge from Tank#8, enter NODI '9'. QUARTERLY RPORTING ON DMR 001B.