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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	229	264		13	15	15			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4214	******		203	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.75	******	7.17			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	123	158		7	16	9			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3342	******		161	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	3.056		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.276	******	.48			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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MM/DD/YYYY	MM/DD/YYYY
01/01/2005	01/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	12	******	16			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	213	295		13	18	18			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3405	******		163	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.37			Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	213	312		13	19	19			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4534	******		217	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.85	3.04		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.348	******	.55			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MONITORING PERIOD	
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02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	58	******	197			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2005	02/28/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******			Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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MA0101231	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2005	03/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	167	229		10	13	13			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3295	******		129	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.66	******	7.31			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	207	229		12	13	13			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3883	******		152	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.89	4.131		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.394	******	.81			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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03/01/2005	03/31/2005

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	3	******	4			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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04/01/2005	04/30/2005

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	172	220		11	14	14			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2928	******		131	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.36			Weekly	4 Hour Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	298	329		19	21	21			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3637	******		161	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	3.903		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.416	******	.8			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2005	04/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	5	******	17			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	289	755		16.43	43	43			Weekly	4 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2775	******		158	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.69	******	7.34			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	338	878		19	50	50		1	Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3056	******		174	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	5.248		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.43	******	.67			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	6	******	59			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2005	05/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******			Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	167	222		12	16	16			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2058	******		148	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.14			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	208	250		15	18	18			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3392	******		244	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.85	2.117		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.253	******	.58			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2005	06/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	19	******	220			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2005	07/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	261	607		18	42	42			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2892	******		200	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.26			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	213	246		15	17	17			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4049	******		280	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	2.177		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.33	******	1			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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DMR Mailing ZIP CODE: 02045-1313
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TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	28	******	168			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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08/01/2005	08/31/2005

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	156		8	12	12			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2658	******		205	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.22			Weekly	4 Hour Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	169	285		13	22	22			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2957	******		228	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.85	2.098		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.87			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	7	******	34			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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NAME: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2005	08/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******			Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	102	151		8.08	12	12			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2314	******		184	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.35			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	146	226		12	18	18			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2591	******		206	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.82	1.982		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.235	******	1			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2005	09/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	31	******	105			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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10/01/2005	10/31/2005

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MAJOR $
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TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	339	635		16	30	30			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3812	******		180	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.96			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	296	508		14	24	24			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4532	******		214	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.89	7.38		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.9			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

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MA0101231	001-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2005	10/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	13	******	34			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	225	450		13	26	26			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5347	******		309	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.9			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	277	415		16	24	24			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5988	******		346	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.93	5.143		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.211	******	.37			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	16			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2005	11/30/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******			Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	184	291		12	19	19			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3100	******		202	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.89	******	7.54			Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	384	737		25	48	48		1	Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3060	******		200	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.92	2.615		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.336	******	.94			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2005	12/31/2005

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	18	******	33			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	119	173		6.8	10	10			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2203	******		127	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	8.1			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	143	208		8	12	12			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4857	******		280	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.92	3.13		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.235	******	.61			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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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: HULL W P C F
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FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2006	01/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	22			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	246		7.4	16	16			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2271	******		148	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.14			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	322	568		21	37	37			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2394	******		155	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.91	3.34		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.299	******	.71			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2006	02/28/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	28	******	66			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******			Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	127		7.78	7	12			Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2076	******		196	******	******			Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.31			Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	159	275		15	16	26			Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2500	******		237	******	******			Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	1.52		******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.59			Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2006	03/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	21	******	34			Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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04/01/2006	04/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	105	208		10	20	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2294	******		220	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	8.21				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	286	458		28	44	44				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2804	******		269	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.79	5.8		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.221	******	.39				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	17	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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05/01/2006	05/31/2006

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	243	379		10	16	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3198	******		135	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	8.43				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	633	1018		27	43	43				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5613	******		237	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.85	10.45		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.229	******	.99				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	13				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HULL, MA 02045
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2006	05/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2006	06/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	268	414		11	17	17				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3994	******		164	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	8.42				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	365	633		15	26	26				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5893	******		242	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.95	7.091		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.25	******	.87				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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06/01/2006	06/30/2006

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	6	******	13				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	130	159		9	11	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2640	******		183	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.92				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	231	317		16	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3573	******		245	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.95	2.41		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.128	******	.25				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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07/01/2006	07/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	8	******	12				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	61		4	5	5				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2636	******		215	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.28				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	144	220		12	18	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3960	******		323	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.95	1.688		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.172	******	.33				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	16	******	33				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2006	08/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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		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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	80		5	7	7				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2948	******		258	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.79	******	8.25				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	171	205		15	18	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3313	******		290	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.93	1.638		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.96				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2006	09/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	24	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	132		7	11	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2378	******		198	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	8.37				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	132	264		11	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3363	******		280	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	3.74		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.65				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HULL, MA 02045
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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2006	10/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	15	******	33				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	173	449		10	26	26				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4061	******		235	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	8.48				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	130	173		8	10	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3646	******		211	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	4.5		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.252	******	.62				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	19	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2006	11/30/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	150		7	12	12				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1878	******		150	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.98	******	8.41				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	228	551		18	44	44				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1903	******		152	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	1.94		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.29	******	.88				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2006	12/31/2006

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	17	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	199	424		15	32	32				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1299	******		98	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.06				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	293	1153		22	87	87				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1418	******		107	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.77	2.122		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.21	******	.6				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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PERMIT NUMBER	DISCHARGE NUMBER

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01/01/2007	01/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	15	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	79	******	******		1		
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153	305		13	26	26				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1999	******		170	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.51				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	94	176		8	9	15				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1329	******		113	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.74	2.674		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.59				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	31.55	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2007	02/28/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	149	405		9	25	25				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2428	******		150	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8.16				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	197	340		12	21	21				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2088	******		129	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.79	5.246		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.234	******	.53				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2007	03/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	12	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
04/01/2007	04/30/2007

DMR Mailing ZIP CODE: 02045-1313
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(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	319	739		14.7	34	34				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.318	******		107	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.68				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	426	696		20	30	32				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4861	******		223.6	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.91	6.735		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.232	******	.75				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	4	******	53				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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05/01/2007	05/31/2007

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TREATED SANITARY WASTEWATER
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	194	443		14	32	32				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2629	******		190	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	197	318		14	23	23				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1497	******		108	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	2.844		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.56				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	4	******	122				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	135	245		11	20	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2421	******		198	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.52	******	7.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	166	269		14	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1319	******		108	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	2.14		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.1	******	.64				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2007	06/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	13	******	34				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2007	07/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14	199		13	18	18				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2133	******		193	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	205	266		19	24	24				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1800	******		163	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.65	1.54		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.11	******	.49				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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07/01/2007	07/31/2007

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	9	******	16				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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08/01/2007	08/31/2007

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	156	319		14	29	29				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.358	******		214	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	238	474		22	43	43				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1829	******		166	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	1.497		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.28				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	29	******	72				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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HULL, MA 02045
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
08/01/2007	08/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	74	163		7	16	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1543	******		151	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.23				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	117	255		12	25	25				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	17502	******		1713	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	1.502		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.1	******	.1				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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09/01/2007	09/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	17	******	26				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2007	10/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	295		11	28	28				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2187	******		208	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.99	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	137	274		13	26	26				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4002	******		380	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	1.559		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.37	******	.99				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MA0101231	001-A
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10/01/2007	10/31/2007

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	11	******	47				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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11/01/2007	11/30/2007

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	139		8	13	13				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1961	******		184	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.25				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	185	330		17	31	31				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1420	******		133	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	1.77		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.34	******	.95				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	9	******	36				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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HULL, MA 02045
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MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2007	11/30/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2007	12/31/2007

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	165	308		12	22	22				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3374	******		241	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.58				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	126	196		9	14	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5756	******		411	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	3.126		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.38	******	.92				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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DISCHARGE MONITORING REPORT (DMR)

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12/01/2007	12/31/2007

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	3	******	11				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	148		5	10	10				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2177	******		148	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.38				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	114	148		8	10	10				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2561	******		174	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	2.71		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.51	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MM/DD/YYYY	MM/DD/YYYY
01/01/2008	01/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	17	******	84				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	167		5	9	9				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2957	******		163	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.6				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	187	255		10	14	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1306	******		72	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	5.22		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.26	******	.88				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
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02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	11	******	56				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2008	02/29/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	192	393		11	22	22				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2484	******		139	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	304	518		17	29	29				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2533	******		142	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	5.069		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.25	******	.63				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2008	03/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	23	******	116				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	135		5	11	11				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2398	******		195	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	274	541		22	44	44				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5005	******		407	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.57	2.04		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.26	******	.85				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MA0101231	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2008	04/30/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	88	******	104				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	142	241		11	19	19				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2309	******		182	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	226	330		18	26	26				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3882	******		306	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	1.85		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.32	******	.72				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	38	******	104				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2008	05/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	183	374		17	34	34				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1787	******		163	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	327	440		30	40	40				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4881	******		444	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	4.56		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.17	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2008	06/30/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	88	******	104				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	312	364		24	28	28				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2500	******		193	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	380	571		29	44	44				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5328	******		410	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	2.56		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.94				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2008	07/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	87	******	230				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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MM/DD/YYYY	MM/DD/YYYY
08/01/2008	08/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	171	282		13	22	22				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2182	******		170	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.68	******	7.23				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	173	205		14	16	16				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4476	******		349	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	1.89		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.38	******	.96				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	12	******	90				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2008	09/30/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	432	738		32	54	54		3		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3481	******		260	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.4				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	395	549		30	41	41				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.037	******		376	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	3.745		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.15	******	.83				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	75	******	138				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	161	565		13	44	44				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3307	******		258	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.74				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	385	565		30	44	44				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3445	******		268	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	2.605		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.28	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MAJOR $
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TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	52	******	91				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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External Outfall
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	151	200		12	16	16				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1480	******		119	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.14				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	345	537		28	43	43				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3123	******		250	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.65	2.476		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.15	******	.67				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	27	******	165				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-B
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11/01/2008	11/30/2008

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(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	201	530		10	27	27				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1903	******		97	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	481	883		25	45	45				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2992	******		153	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	5.82		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.54	******	.99				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2008	12/31/2008

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	6	******	97				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	177	396		13	29	29				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1768	******		130	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.95	******	7.23				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	216	450		16	33	33				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2586	******		190	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.643		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.28	******	.99				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HULL, MA 02045
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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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01/01/2009	01/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	23	******	178				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	180	308		12	21	21				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1755	******		120	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	176	323		12	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3411	******		232	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.75		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.25	******	.76				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	37	******	123				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2009	02/28/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	296	635		21	45	45				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.46	******		104	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.79	******	7.39				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	370	564		26	40	40				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.98	******		211	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	2.77		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.4				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED					

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REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

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DISCHARGE MONITORING REPORT (DMR)

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MM/DD/YYYY	MM/DD/YYYY
03/01/2009	03/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	88	******	136				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Form Approved
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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	211	282		14	19	19				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1632	******		110	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	8.1				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	275	668		19	45	45				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2630	******		177	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.65	2.62		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.34	******	.94				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2009	04/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	27	******	42				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
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05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	178	297		14	17	20				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2457	******		207	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.42				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	211	261		18	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2555	******		215	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	1.83		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.39	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	56	******	908		1		
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED					

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

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA ON DMR 001B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HULL W P C F
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2009	05/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	200	303		17	25	25				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2478	******		205	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.51	******	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	118	145		10	12	12				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	711	******		59	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.65	2.11		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.43	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2009	06/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	32	******	50				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0101231	001-A
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MM/DD/YYYY	MM/DD/YYYY
07/01/2009	07/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	265	550		15	32	32				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3124	******		182	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	182	241		11	12	14				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2468	******		144	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	5.26		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.54	******	.98				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	18	******	197				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	111	229		9	18	18				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3345	******		263	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	133	280		11	22	22				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1258	******		99	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	2.11		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.38	******	.9				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.705 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab

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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	9	******	22				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

REPORT MAXIMUM AND MINIMUM DAILY FLOW RATES AND TOTAL FLOW FOR EACH OPERATING DAY WITH DMR EACH MONTH.WET DATA 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2009	08/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******				
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	94	162	lb/d	8	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2515	******	lb/d	202	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	172	499	lb/d	14	40	40	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1217	******	lb/d	98	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	2.54	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.49	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/2010
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)
Submitted paper copy 10-13-09

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2009	09/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.45	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	19	******	26	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	8	******	101	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/2010
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)
Submitted paper copy 10-13-09

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95	134	lb/d	6	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2610	******	lb/d	175	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	84	119	lb/d	6	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1062	******	lb/d	71	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	3.29	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.79	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ed Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.1/10/2009
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2009	10/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.51	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	35	******	62	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	22	******	256	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Ed Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.1/10/2009
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	104	161	lb/d	8	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2832	******	lb/d	211	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.04	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	84	121	lb/d	6	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	882	******	lb/d	66	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	2.57	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.61	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Peter Nyberg/ Plant 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.	Peter Nyberg	(781)925-0906		.2/08/2009
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.49	******	.99	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	8	******	23	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	5	******	30	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Peter Nyberg/ Plant 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.	Peter Nyberg	(781)925-0906		.2/08/2009
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2009	11/30/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Peter Nyberg/ Plant 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.	Peter Nyberg	(781)925-0906		.2/08/2009
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	197	lb/d	6	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3785	******	lb/d	230	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.12	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	119	181	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1073	******	lb/d	65	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	3.89	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.97	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

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.	Peter Nyberg	(781)925-0906		01/11/2010
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2009	12/31/2009

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.58	******	.99	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	93	******	222	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	13	******	480	#/100mL	1	Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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.	Peter Nyberg	(781)925-0906		01/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	142	lb/d	6	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2964	******	lb/d	188	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	79	126	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1051	******	lb/d	67	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	3.29	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.9	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/10/2010
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)

Two voilations, Daily Max exceedence, 267 cfu/100ml limit vs 387 cfu/100ml and Monthly Average exceedence, 35 cfu limit vs 133 cfu/100ml. Change of SCADA system, did not have flow paced chlorination which has been resolved.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2010	01/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.67	******	.99	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	133	******	387	CFU/100 mL	2	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	1	******	2	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/10/2010
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)

Two voilations, Daily Max exceedence, 267 cfu/100ml limit vs 387 cfu/100ml and Monthly Average exceedence, 35 cfu limit vs 133 cfu/100ml. Change of SCADA system, did not have flow paced chlorination which has been resolved.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	153	299	lb/d	10	19	19	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3945	******	lb/d	251	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	161	346	lb/d	10	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1033	******	lb/d	66	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	5.88	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.88	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/08/2010
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)

In order to get a kill for Enterococcus we had to increase the chlorine residual. We changed laboratory due to excessive hold time. We increased testing to daily on 2-16-10 and also started testing for free chlorine and ammonia to determine if chlorine is being bound up by ammonia. Have requested of EPA a waiver for chlorine residual.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.86	******	1.63	mg/L	10	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	402	******	1203	CFU/100 mL	7	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	2	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******			Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******			Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/08/2010
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)

In order to get a kill for Enterococcus we had to increase the chlorine residual. We changed laboratory due to excessive hold time. We increased testing to daily on 2-16-10 and also started testing for free chlorine and ammonia to determine if chlorine is being bound up by ammonia. Have requested of EPA a waiver for chlorine residual.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2010	02/28/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/10/2010
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	148	178	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4740	******	lb/d	160	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	252	356	lb/d	9	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5763	******	lb/d	194	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.87	8.61	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.56	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/08/2010
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)

Chlorine exceedences are due to high residual to achieve bacteria kill. Have applied to MA DEP to set up dechlorination system. Awaiting approval.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2010	03/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.34	******	1.89	mg/L	29	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	23	******	40	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/08/2010
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)

Chlorine exceedences are due to high residual to achieve bacteria kill. Have applied to MA DEP to set up dechlorination system. Awaiting approval.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	564	1276	lb/d	35	78	78	mg/L	4	Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2981	******	lb/d	182	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	176	229	lb/d	11	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2511	******	lb/d	154	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.89	4.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.96	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/2010
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)

Chlorine Residual violations are due to not getting bacteria kill. We are installing a bisulfite system to control residual. High effluent BOD due to pumping down and cleaning a primary tank at too great a rate to allow for BOD uptake by the secondary system. Enterococci violations due to not enough free chlorine to achieve kill as chlorine was bound to ammonia in system

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2010	04/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.25	******	3.65	mg/L	28	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	743	******	2900	CFU/100 mL	2	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	81	******	******	%	1	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/2010
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)

Chlorine Residual violations are due to not getting bacteria kill. We are installing a bisulfite system to control residual. High effluent BOD due to pumping down and cleaning a primary tank at too great a rate to allow for BOD uptake by the secondary system. Enterococci violations due to not enough free chlorine to achieve kill as chlorine was bound to ammonia in system

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	163	343	lb/d	14	29	29	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2283	******	lb/d	193	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	116	189	lb/d	10	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2820	******	lb/d	238	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.88	1.86	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.42	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/10/2010
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)

Chlorine residual high to achieve bacteria kill. Dechlorination has been added to prevent violations. System online 5-21-10.

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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	1.05	******	2	mg/L	23	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	11	******	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/10/2010
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)

Chlorine residual high to achieve bacteria kill. Dechlorination has been added to prevent violations. System online 5-21-10.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2010	05/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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.	Peter Nyberg	(781)925-0906		06/10/2010
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	122	221	lb/d	11	19	19	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3132	******	lb/d	269	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	99	128	lb/d	9	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2669	******	lb/d	229	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.88	1.53	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.4	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		07/09/2010
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)

Enterococci mo ave exceedence. Increased internal free chlorine limit from 0.3 mg/l to 0.6 mg/l

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2010	06/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	55	******	100	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	50	******	160	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		07/09/2010
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)

Enterococci mo ave exceedence. Increased internal free chlorine limit from 0.3 mg/l to 0.6 mg/l

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	75	94	lb/d	6	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2797	******	lb/d	238	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.85	******	7.4	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	110	305	lb/d	9	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2827	******	lb/d	241	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	1.63	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.41	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		08/11/2010
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)

Fecal Coliform exceedence due to running large flow pump prior to taking sample which did not allow for proper detention time to achieve a bacteria kill. Extra samples were taken to assure compliance.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2010	07/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	34	******	170	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	29	******	1900	#/100mL	1	Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		08/11/2010
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)

Fecal Coliform exceedence due to running large flow pump prior to taking sample which did not allow for proper detention time to achieve a bacteria kill. Extra samples were taken to assure compliance.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	124	lb/d	6	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3972	******	lb/d	289	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	103	138	lb/d	8	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3101	******	lb/d	225	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	4.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.65	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/08/2010
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.21	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	35	******	160	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/08/2010
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2010	08/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	61	lb/d	4	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3557	******	lb/d	290	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.13	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	74	74	lb/d	6	6	6	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2442	******	lb/d	199	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	1.84	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.47	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.0/13/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2010	09/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.0/13/201(
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	69	93	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2814	******	lb/d	212	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	74	106	lb/d	6	8	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1810	******	lb/d	137	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.82	2.52	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.59	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2010	10/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.4	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.1/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	60	lb/d	4	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2281	******	lb/d	151	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	136	241	lb/d	9	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1022	******	lb/d	68	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.83	4.93	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.81	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.4	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	87	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2010	11/30/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		Peter Nyberg	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	(781)925-0906		01/11/2011
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	56	lb/d	4	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2786	******	lb/d	198	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	155	310	lb/d	11	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2821	******	lb/d	200	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	3.05	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.69	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2010	12/31/2010

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.41	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	109	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2806	******	lb/d	181	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	289	684	lb/d	19	44	44	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3247	******	lb/d	209	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.81	2.96	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.86	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/10/201
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)

Residual was too low to achieve kill due to lack of bisulfite addition due to power failure

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2011	01/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.46	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	1343	******	8000	CFU/100 mL	2	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	27	******	4200	#/100mL	1	Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/10/201
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)
Residual was too low to achieve kill due to lack of bisulfite addition due to power failure

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	71	114	lb/d	4	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1597	******	lb/d	84	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	114	209	lb/d	6	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4569	******	lb/d	241	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	5.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.27	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.26	******	.96	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2011	02/28/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/10/2011
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	145	lb/d	4	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1847	******	lb/d	115	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	72	113	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2696	******	lb/d	168	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.93	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/11/2011
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2011	03/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.37	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/11/2011
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	108	253	lb/d	6	15	15	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2115	******	lb/d	126	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.24	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	118	185	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3109	******	lb/d	185	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	5.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.02	******	******	MGD		Weekly	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2011	04/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.43	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	24	******	80	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	84	168	lb/d	6	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3693	******	lb/d	264	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.27	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	193	420	lb/d	14	30	30	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3234	******	lb/d	231	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.74	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.68	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

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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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.94	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2011	05/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	124	lb/d	5	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1757	******	lb/d	128	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	155	193	lb/d	11	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3304	******	lb/d	240	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.75	5.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.65	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: HULL W P C F
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HULL, MA 02045
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LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2011	06/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.16	******	.9	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	163	lb/d	6	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2043	******	lb/d	150	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.78	******	7.25	SU		Weekly	24 Hour Composite
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	128	232	lb/d	9	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2338	******	lb/d	172	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.77	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.63	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		08/11/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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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ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
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07/01/2011	07/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.22	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	42	56	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1444	******	lb/d	103	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.3	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	144	266	lb/d	10	19	19	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1360	******	lb/d	97	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.77	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.68	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

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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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/11/2011
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2011	08/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	93	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2499	******	lb/d	175	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.53	******	7.37	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	203	371	lb/d	14	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	880	******	lb/d	96	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.79	5.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.71	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

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O - REPORT ACTUAL MONTHLY AVERAGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2011	09/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.28	******	.93	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	20	******	60	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
O - REPORT ACTUAL MONTHLY AVERAGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: HULL W P C F
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MA0101231	001-A
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MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	105	195	lb/d	5	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2035	******	lb/d	105	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	233	545	lb/d	12	28	28	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3160	******	lb/d	162	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	8.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.33	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.1/10/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2011	10/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.25	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.1/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	39	61	lb/d	2	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1625	******	lb/d	102	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.64	******	7.94	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	135	271	lb/d	9	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1868	******	lb/d	117	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.86	9.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.91	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.2/08/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.34	******	.96	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.2/08/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2011	11/30/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Once per 4 Days	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	88	152	lb/d	6	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2058	******	lb/d	136	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.76	******	7.08	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	291	667	lb/d	19	44	44	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2052	******	lb/d	135	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.88	9.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.82	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/10/2012
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2011	12/31/2011

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.33	******	.99	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	34	37	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1894	******	lb/d	152	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.73	******	7.42	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	84	112	lb/d	7	9	9	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2165	******	lb/d	174	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.84	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.5	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/09/2012
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
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HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.4	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/09/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59	98	lb/d	6	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1861	******	lb/d	183	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.75	******	7.11	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	120	245	lb/d	12	24	24	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1537	******	lb/d	151	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.76	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.22	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/08/2012
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.36	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/08/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2012	02/29/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	180	559	lb/d	14	52	52	mg/L	2	Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2752	******	lb/d	256	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	118	194	lb/d	11	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3608	******	lb/d	336	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.7	2.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.29	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/10/2012
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2012	03/31/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.24	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/10/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	72	lb/d	3	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2265	******	lb/d	208	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.62	******	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	117	131	lb/d	11	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2701	******	lb/d	248	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.31	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/08/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2012	04/30/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.29	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/08/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	180	lb/d	7	15	15	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2521	******	lb/d	210	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.16	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	120	156	lb/d	10	13	13	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2515	******	lb/d	210	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.44	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/12/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/12/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2012	05/31/2012

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Quarterly	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	201	lb/d	7	15	15	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6342	******	lb/d	474	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	88	147	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5326	******	lb/d	398	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.6	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		07/10/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.14	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		07/10/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	92	159	lb/d	8	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4732	******	lb/d	388	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.13	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	79	122	lb/d	7	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4503	******	lb/d	369	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.46	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.6	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Edward Petrilak/ Chief Facility 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.	Peter Nyberg	(781)925-0906		08/09/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	52	134	lb/d	4	11	11	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5152	******	lb/d	423	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.55	******	7	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	83	134	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3663	******	lb/d	300	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	5.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.46	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/10/2012
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.37	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/10/2012
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		09/10/2012
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	81	lb/d	6	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3109	******	lb/d	290	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	80	129	lb/d	8	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2707	******	lb/d	253	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	2.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.29	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.3	******	.9	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	37	48	lb/d	3	4	4	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3557	******	lb/d	310	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.74	******	7.06	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	95	115	lb/d	8	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3961	******	lb/d	345	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.47	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.38	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.14	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	127	lb/d	8	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2634	******	lb/d	208	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.82	******	7.35	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	129	165	lb/d	10	13	13	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2298	******	lb/d	181	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.44	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.52	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.2/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.28	******	.95	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.2/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		.2/10/201
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	114	201	lb/d	7	14	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4019	******	lb/d	240	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.17	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	163	201	lb/d	10	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5024	******	lb/d	300	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.01	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/13/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		01/13/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	84	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2871	******	lb/d	216	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.43	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	96	159	lb/d	7	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4779	******	lb/d	360	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	3.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.59	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.42	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		02/11/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	80	106	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2536	******	lb/d	143	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.42	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	164	212	lb/d	9	11	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3218	******	lb/d	182	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	10	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.12	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.48	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/14/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		03/14/2013
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	113	113	lb/d	6	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3184	******	lb/d	147	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.72	******	7.32	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	255	303	lb/d	14	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4766	******	lb/d	220	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	5.08	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.6	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/14/2013
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)

See attachment for deviation

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.41	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	57	******	140	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	22	******	220	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		04/14/2013
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)
See attachment for deviation

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	60	lb/d	6	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2879	******	lb/d	265	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.18	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	150	171	lb/d	15	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3368	******	lb/d	310	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	5.3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.3	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.38	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		05/15/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	72	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2905	******	lb/d	289	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.14	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	97	121	lb/d	10	12	12	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3342	******	lb/d	332	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.21	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	44	******	100	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/13/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
James Dow/ Chief Facility 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.	Peter Nyberg	(781)925-0906		06/13/2013
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	79	111	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1432	******	lb/d	77	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.08	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	144	260	lb/d	8	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2943	******	lb/d	159	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	7.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.22	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		08/15/2013
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.45	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	38	******	120	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	21	******	180	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		08/15/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	189	539	lb/d	15	42	42	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1829	******	lb/d	143	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.82	******	7.25	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	440	1091	lb/d	34	85	85	mg/L	2	Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2568	******	lb/d	200	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	4.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.54	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		08/15/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.33	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	83	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		08/15/2013
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	73	76	lb/d	6	6	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2189	******	lb/d	182	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.71	******	7.32	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	180	241	lb/d	14	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2506	******	lb/d	208	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.44	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Asst. Plant Mgr.	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.	daniel calnen	(781)925-0906		.1/06/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.29	******	.97	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	34	******	82	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	13	******	40	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Asst. Plant Mgr.	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.	daniel calnen	(781)925-0906		.1/06/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ APM	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.	daniel calnen	(781)925-0906		09/17/2013
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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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ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
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HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	49	61	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1491	******	lb/d	148	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.61	******	7.13	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	150	222	lb/d	15	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2425	******	lb/d	240	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	2.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.21	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assitant Plant 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.	daniel calnen	(781)925-0906		.0/24/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.41	******	3.67	mg/L	2	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	75	******	270	CFU/100 mL	1	Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	37	******	1800	#/100mL	2	Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assitant Plant 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.	daniel calnen	(781)925-0906		.0/24/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	46	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2632	******	lb/d	342	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.57	******	7.37	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	101	154	lb/d	13	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3436	******	lb/d	446	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.64	3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	.92	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		.1/15/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.35	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	14	******	55	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		.1/15/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30	48	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2046	******	lb/d	258	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.77	******	7.5	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	96	111	lb/d	12	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2661	******	lb/d	335	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	.95	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		.2/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.3	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		.2/11/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ APM	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.	daniel calnen	(781)925-0906		01/18/2014
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	68	80	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2962	******	lb/d	230	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.65	******	7.34	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	131	193	lb/d	10	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6567	******	lb/d	510	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	5.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.54	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.39	******	2.48	mg/L	1	Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	95	95	lb/d	6	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3951	******	lb/d	251	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.41	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	137	158	lb/d	10	10	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5203	******	lb/d	330	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	5.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.89	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		02/13/2014
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.33	******	.98	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	16	******	100	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Plant 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.	daniel calnen	(781)925-0906		02/13/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	297	570	lb/d	14	26	26	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2033	******	lb/d	93	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	696	964	lb/d	32	44	44	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2477	******	lb/d	113	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.63	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		03/17/2014
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.35	******	.83	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	40	******	100	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	112	******	2300	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		03/17/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		03/17/2014
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	161	407	lb/d	12	31	31	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1910	******	lb/d	146	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6	******	7.5	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	286	460	lb/d	22	35	35	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3250	******	lb/d	248	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	8.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.57	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		)4/15/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.14	******	.8	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	610	******	2400	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		04/15/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	113	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1113	******	lb/d	65	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.5	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	275	361	lb/d	16	21	21	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1272	******	lb/d	74	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.06	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		05/15/2014
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.039	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	73	******	240	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	45	******	245	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	78	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Daniel Calnen/ Assistant Project 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.	daniel calnen	(781)925-0906		05/15/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	141	359	lb/d	11	28	28	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2102	******	lb/d	164	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	177	256	lb/d	14	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3305	******	lb/d	258	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.63	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.54	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Acting Assistant Project 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.	Teresa OCallaghan	(781)925-0906		06/12/2014
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.23	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	1608	******	8000	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	38	******	8000	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Acting Assistant Project 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.	Teresa OCallaghan	(781)925-0906		06/12/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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.	Teresa OCallaghan	(781)925-0906		06/17/2014
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	139	320	lb/d	12	27	27	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2875	******	lb/d	243	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	545	1541	lb/d	46	130	130	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3527	******	lb/d	298	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	3200	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.42	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		07/15/2014
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.11	******	.52	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	53	******	180	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		07/15/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	147	lb/d	7	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2480	******	lb/d	202	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	160	184	lb/d	13	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4100	******	lb/d	334	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	4.9	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.47	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		)8/08/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.22	******	.68	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		08/08/2014
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	83	147	lb/d	7	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2764	******	lb/d	245	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.9	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	124	237	lb/d	11	21	21	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4485	******	lb/d	398	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.35	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.24	******	.54	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		04/01/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	59	83	lb/d	6	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2711	******	lb/d	263	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.9	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	223	537	lb/d	22	52	52	mg/L	2	Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4002	******	lb/d	388	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	3.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.24	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.16	******	.58	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	77	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3253	******	lb/d	252	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.7	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	194	284	lb/d	15	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4631	******	lb/d	359	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	7.1	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.55	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		.1/10/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.67	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		.1/10/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	96	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2885	******	lb/d	180	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	128	160	lb/d	8	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3859	******	lb/d	241	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	7.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.92	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		.2/05/201
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.18	******	.54	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		.2/05/201
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	54	58	lb/d	3	3	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2732	******	lb/d	141	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	152	194	lb/d	8	10	10	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5079	******	lb/d	261	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.75	8.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.33	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		01/08/2015
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.62	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		01/08/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	103	217	lb/d	8	17	17	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2524	******	lb/d	198	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	217	332	lb/d	17	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5796	******	lb/d	454	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.72	4.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.53	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		02/10/2015
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.27	******	.67	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		02/10/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40	64	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2902	******	lb/d	270	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	105	161	lb/d	10	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3980	******	lb/d	370	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	3.2	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.29	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		03/10/2015
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.11	******	.69	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		03/10/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		03/17/2015
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	148	245	lb/d	7	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2279	******	lb/d	112	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	204	307	lb/d	10	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3598	******	lb/d	176	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	7.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.45	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa OCallaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		04/09/2015
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.17	******	.69	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa OCallaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		04/09/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	61	101	lb/d	4	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2928	******	lb/d	173	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	186	237	lb/d	11	14	14	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4166	******	lb/d	246	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.03	******	******	MGD		Weekly	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa. O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		05/08/2015
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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.68	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Teresa. O'Callaghan/ Project 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.	Teresa OCallaghan	(781)925-0906		05/08/2015
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)
O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48	64	lb/d	5	6	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2880	******	lb/d	270	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	176	235	lb/d	17	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4099	******	lb/d	384	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	1.58	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.28	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/13/2015
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)

Please note: 1. For pH effluent - Net DMR form indicated G4; but permit indicates one grab per day.2. For monthly average flow, edited frequency and type to 99/99 & RC

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.17	******	.68	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/13/2015
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)

Please note: 1. For pH effluent - Net DMR form indicated G4; but permit indicates one grab per day.2. For monthly average flow, edited frequency and type to 99/99 & RC

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/13/2015
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	64	86	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2845	******	lb/d	238	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	159	204	lb/d	13	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3337	******	lb/d	279	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	2.41	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.44	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/15/2015
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)

Please Note: 1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.38	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 13	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/15/2015
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)

Please Note: 1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	81	208	lb/d	6	15	15	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3885	******	lb/d	280	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	166	208	lb/d	12	15	15	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3477	******	lb/d	251	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.67	2.41	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.66	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/14/2015
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.07	******	.48	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/14/2015
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	188	626	lb/d	16	53	53	mg/L	2	Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2715	******	lb/d	230	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	180	260	lb/d	15	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4709	******	lb/d	399	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	1.69	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.42	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC.3. edit max daily flow for August 2015 [10-14-15]; incorrect value had been inserted last month

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.1	******	.53	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC.3. edit max daily flow for August 2015 [10-14-15]; incorrect value had been inserted last month

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/15/2015
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	46	68	lb/d	4	6	6	mg/L		Six per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2876	******	lb/d	253	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	154	228	lb/d	14	15	20	mg/L		Seven per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3189	******	lb/d	280	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.69	2.48	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.37	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC - frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.16	******	.55	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, but permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & RC - frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	76	121	lb/d	6	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2282	******	lb/d	188	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	197	267	lb/d	16	21	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4678	******	lb/d	385	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	2.49	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.46	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/10/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & type to RC recorder, Frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.2	******	.69	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/10/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 & type to RC recorder, Frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62	77	lb/d	6	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2714	******	lb/d	263	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	606	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	212	323	lb/d	19	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5417	******	lb/d	504	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	1.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.36	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/11/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.69	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/11/201
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)

1. For pH effluent - net DMR form indicated G4 frequency, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/11/2015
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	65	79	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2503	******	lb/d	194	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	152	182	lb/d	12	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5535	******	lb/d	413	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	2.57	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.48	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		01/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency;, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.37	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		01/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency;, edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	101	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2122	******	lb/d	165	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	167	229	lb/d	13	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3797	******	lb/d	294	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.61	2.7	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.75	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/12/2016
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)

1. For pH effluent, Net DMR indicated G4 frequency. Edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 and type to RC (recorder) frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.13	******	.52	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/12/2016
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)

1. For pH effluent, Net DMR indicated G4 frequency. Edit frequency to 01/01 since permit indicates one grab per day.2. For monthly average flow, edited frequency to 99/99 and type to RC (recorder) frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	96	172	lb/d	5	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2756	******	lb/d	176	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	292	538	lb/d	16	25	25	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9083	******	lb/d	483	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.67	3.38	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.03	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/12/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.24	******	.69	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/12/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/12/2016
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	131	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3138	******	lb/d	216	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	223	345	lb/d	15	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5770	******	lb/d	400	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.76	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.64	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/12/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.63	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/12/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	96	143	lb/d	7	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2081	******	lb/d	148	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	183	255	lb/d	14	20	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4067	******	lb/d	300	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	3.28	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.7	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency - continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.17	******	.56	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		05/13/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency - continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	57	79	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1856	******	lb/d	174	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	146	184	lb/d	14	17	17	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3424	******	lb/d	331	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.58	2.07	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.36	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/10/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.34	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/10/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/10/2016
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	99	143	lb/d	9	14	14	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1767	******	lb/d	155	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	191	380	lb/d	17	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3776	******	lb/d	351	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.57	1.84	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.3	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.07	******	.25	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 11	******	< 20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01, and sample type to GR, since permit indicates one grab per day.2. for monthly average flow, edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	93	132	lb/d	9	11	11	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3058	******	lb/d	293	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	8.08	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	156	256	lb/d	15	27	27	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5291	******	lb/d	508	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.54	1.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.28	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.05	******	.35	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/14/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48	68	lb/d	5	6	6	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2678	******	lb/d	268	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	170	311	lb/d	17	29	29	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5380	******	lb/d	547	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.52	1.5	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.21	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/15/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.05	******	.32	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 26	******	200	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/15/2016
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/15/2016
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	90	72	lb/d	9	7	24	mg/L		Six per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2749	******	lb/d	299	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	281	352	lb/d	28	34	48	mg/L		Seven per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4386	******	lb/d	459	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	1.38	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.18	******	******	MGD		Continuous	Grab
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.07	******	.31	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 and sample type to GR, since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	238	lb/d	10	24	24	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2754	******	lb/d	240	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	198	269	lb/d	18	29	29	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3044	******	lb/d	274	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	1.91	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.4	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/12/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01[daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.16	******	.48	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/12/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01[daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	115	297	lb/d	10	23	23	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2977	******	lb/d	288	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	204	323	lb/d	19	25	25	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4407	******	lb/d	438	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.47	1.96	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.27	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/15/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.55	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/15/201
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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to RC recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/15/201
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	77	110	lb/d	7	11	11	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2073	******	lb/d	181	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	200	240	lb/d	18	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3790	******	lb/d	346	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	1.92	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.35	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.1	******	.54	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. For pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	170	308	lb/d	7	9	15	mg/L		Seven per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1664	******	lb/d	92	******	******	mg/L		Seven per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	410	762	lb/d	16	24	30	mg/L		Seven per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4324	******	lb/d	220	******	******	mg/L		Seven per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.47	4.33	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.97	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/15/2017
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.12	******	.71	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/15/2017
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)

1. for pH effluent - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily] and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	199	lb/d	5	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2324	******	lb/d	150	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	273	420	lb/d	16	20	25	mg/L		Five per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3181	******	lb/d	203	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	3.04	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.91	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.16	******	.66	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	48	54	lb/d	3	3	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3296	******	lb/d	225	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	225	342	lb/d	16	19	19	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3845	******	lb/d	272	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.46	2.77	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.58	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/14/2017
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)

1. For pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow, edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.19	******	.67	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/14/2017
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)

1. For pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. For monthly average flow, edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	79	145	lb/d	4	5	7	mg/L		Six per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1724	******	lb/d	98	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.3	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	217	318	lb/d	13	18	17	mg/L		Six per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3653	******	lb/d	227	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.52	6.25	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.46	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		05/12/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.26	******	.67	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		05/12/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	89	lb/d	4	8	8	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1792	******	lb/d	144	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	223	234	lb/d	18	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2614	******	lb/d	200	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	3.03	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.71	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/14/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.35	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/14/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/30/2017
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)
Please note that May 2017 toxicity test re-run in June 2017 due to acceptability criteria for controls.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	188	391	lb/d	11	19	19	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2233	******	lb/d	150	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	320	536	lb/d	20	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3183	******	lb/d	208	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	2.6	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.73	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/12/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type too [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.6	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 20	******	50	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 12	******	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/12/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type too [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	188	394	lb/d	14	21	21	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4178	******	lb/d	380	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	403	1032	lb/d	27	55	55	mg/L	2	Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4579	******	lb/d	375	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.25	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.41	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/15/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.03	******	.26	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/15/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	70	91	lb/d	7	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2030	******	lb/d	206	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	225	347	lb/d	21	28	30	mg/L		Seven per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3859	******	lb/d	388	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	1.85	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.27	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/14/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.02	******	.24	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/14/2017
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/28/2017
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	89	115	lb/d	10	13	13	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1569	******	lb/d	163	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	217	271	lb/d	23	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4598	******	lb/d	488	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	1.74	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.2	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR] since permit indicates one grab per day. 2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.03	******	.2	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR] since permit indicates one grab per day. 2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	87	141	lb/d	8	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2080	******	lb/d	199	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	225	306	lb/d	21	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2997	******	lb/d	289	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.6	2.34	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.31	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/15/201
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)

1. for pH - netDMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.4	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/15/201
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)

1. for pH - netDMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	60	lb/d	4	5	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1636	******	lb/d	203	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	132	194	lb/d	15	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2304	******	lb/d	271	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	1.4	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.14	******	******	MGD		See Permit	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/15/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR] since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.1	******	.37	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR] since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	60	103	lb/d	6	10	10	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3102	******	lb/d	318	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	166	246	lb/d	17	24	24	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3277	******	lb/d	329	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.57	1.49	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.14	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.18	******	.79	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	201	247	lb/d	18	25	65	mg/L	1	Nine per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2518	******	lb/d	219	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	299	329	lb/d	25	30	54	mg/L	1	10 per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2553	******	lb/d	219	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.56	5.15	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.85	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.59	******	.81	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	186	lb/d	4	11	5	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1321	******	lb/d	96	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	115	356	lb/d	9	21	11	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1641	******	lb/d	121	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.53	2.23	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.6	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.32	******	.77	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to 01/01 [daily], and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to 99/99 and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project Managaer	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.	Aram Varjabedian	(781)925-0906		03/29/2018
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	281	508	lb/d	8	13	17	mg/L		Six per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1762	******	lb/d	88	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	521	873	lb/d	17	24	30	mg/L		Six per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2533	******	lb/d	122	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.66	9	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.09	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.45	******	.7	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		04/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	72	111	lb/d	5	7	7	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1274	******	lb/d	103	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	163	267	lb/d	11	16	16	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1962	******	lb/d	151	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.59	2.67	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.6	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		05/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.22	******	.68	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		05/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample frequency type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	98	191	lb/d	9	16	16	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1476	******	lb/d	136	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	179	227	lb/d	16	19	19	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2140	******	lb/d	195	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.55	2.21	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.32	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.23	******	.51	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		06/28/2018
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	115	lb/d	7	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1084	******	lb/d	112	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	149	182	lb/d	16	19	19	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1778	******	lb/d	184	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.51	1.41	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.18	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.42	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 15	******	30	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		07/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	82	155	lb/d	8	12	12	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1679	******	lb/d	170	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Weekly	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	165	284	lb/d	16	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1918	******	lb/d	184	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.49	1.55	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.21	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.09	******	.46	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	31	******	200	CFU/100 mL		Nine per Month	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	23	******	445	#/100mL	1	Seven per Month	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		08/15/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	50	58	lb/d	5	5	12	mg/L		Seven per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1277	******	lb/d	136	******	******	mg/L		Seven per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5	SU		Daily	4 Grabs
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	152	240	lb/d	16	20	20	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2681	******	lb/d	293	******	******	mg/L		Seven per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.48	1.56	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.15	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.33	******	.86	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	11	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	13	******	20	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/13/2018
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99] and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		09/28/2018
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	101	320	lb/d	8	20	20	mg/L		Five per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1317	******	lb/d	120	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	238	386	lb/d	18	26	26	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2325	******	lb/d	181	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.5	2.15	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.42	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.28	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.0/14/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 6/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	56	76	lb/d	4	6	7	mg/L		Seven per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1080	******	lb/d	85	******	******	mg/L		Seven per Month	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	109	128	lb/d	9	10	10	mg/L		Six per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1337	******	lb/d	106	******	******	mg/L		Five per Month	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.53	3.73	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.64	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/13/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.08	******	.35	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.1/13/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily, and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	215	78	lb/d	6	3	17	mg/L		Six per Month	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1867	******	lb/d	68	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	436	233	lb/d	12	9	32	mg/L		Six per Month	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2604	******	lb/d	91	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.68	5.46	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.92	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/13/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.24	******	.83	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	12	******	20	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	86	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/13/201
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045
ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		.2/28/201
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	67	360	lb/d	5	9	9	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1035	******	lb/d	83	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	199	688	lb/d	15	22	22	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1722	******	lb/d	129	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.72	2.78	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.61	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		01/15/2019
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)

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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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.07	******	.5	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	13	******	30	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	94	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	88	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		01/15/2019
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] grab [GR], since permit indicates one grab per day.2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous.3. for Enterococci - reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

PERMIT NUMBER	DISCHARGE NUMBER
MA0101231	001-A

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	123	181	lb/d	9	12	17	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1051	******	lb/d	79	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	170	272	lb/d	12	18	18	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1679	******	lb/d	127	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	3.8	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.76	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/14/2019
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.12	******	.45	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	15	******	40	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	10	******	10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		02/14/2019
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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35	247	lb/d	3	17	3	mg/L		Weekly	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	795	******	lb/d	70	******	******	mg/L		Weekly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT	87	232	lb/d	8	16	8	mg/L		Weekly	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1589	******	lb/d	143	******	******	mg/L		Weekly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.71	2.31	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	1.57	******	******	MGD		Continuous	Recorder (auto)
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	.15	******	.47	mg/L		Three per Day	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	CFU/100 mL		Weekly	Grab
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******	< 10	******	< 10	#/100mL		Weekly	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		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)

1. for pH - net DMR indicated G4 frequency. Edit frequency to [01/01] daily and sample type to grab [GR], since permit indicates one grab per day. 2. for monthly average flow - edited frequency to [99/99], and sample type to [RC] recorder, frequency continuous. 3. for Enterococci reported monthly average as geometric monthly mean, as indicated in the 8/10/09 fact sheet [page 5].

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-B
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
WHOLE EFFLUENT TOXICITY 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			
LC50 Static 48Hr Acute Menidia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		Four per Year	24 Hour Composite
TAA6B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		Four per Year	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Aram Varjabedian/ Project 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.	Aram Varjabedian	(781)925-0906		03/29/2019
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)
WHOLE EFFLUENT TOXICITY: TEST IN MONTH OF FEBRUAURY, MAY, AUGUST, AND NOVEMBER; SUBMIT RESULTS BY 30THOF FOLLOWING MONTH. SUBMIT REPORTWITH 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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT										
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******			******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.5 MAXIMUM	SU		Weekly	4 Grabs
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	768 MO AVG	1152 WKLY AVG	lb/d	30 MO AVG	45 WKLY AVG	50 DAILY MX	mg/L		Weekly	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT		******			******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.07 12MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******		******	******				
50050 O 0 See Comments	PERMIT REQUIREMENT	******	******	******	Req. Mon. MO AVG	******	******	MGD		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)

O - REPORT ACTUAL MONTHLY AVERAGE

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: HULL W P C F
ADDRESS: 1111 NANTASKET AVE
HULL, MA 02045
FACILITY: HULL W P C F
LOCATION: 1111 NANTASKET AVE
HULL, MA 02045

ATTN: JOHN J STRUZZIERY CHRMN COMM

MA0101231	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 02045-1313
MAJOR $
(SUBR S)
TREATED SANITARY WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******		******					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	.7 MO AVG	******	1 DAILY MX	mg/L		Three per Day	Grab
Enterococci	SAMPLE MEASUREMENT	******	******	******		******					
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	276 DAILY MX	CFU/100 mL		Weekly	Grab
Coliform, fecal general	SAMPLE MEASUREMENT	******	******	******		******					
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	88 MO GEO	******	260 DAILY MX	#/100mL		Weekly	Grab
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.		TELEPHONE		DATE
		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)
O - REPORT ACTUAL MONTHLY AVERAGE