

NAME _____

DISCHARGE MONITORING REPORT (DMR)

[illegible]

ADDRESS 71 ONE FOURTH STREET ROAD

MA 01521041

WAG66400562
PERMIT NUMBER

0014
DISCHARGE NUMBER

CONFIDENTIAL

FACILITY

LOCATION HOLBURN MA 01520

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	11	01		06	11	30

*** DO NOT WRITE IN THESE SPACES ***

NOTE: Read Instructions before completing this form

THE UNIVERSITY OF CHICAGO PRESS

NOTE: Read instructions before completing this form

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS							
PH		SAMPLE MEASUREMENT	***	***											
00000 1 0 0		PERMIT REQUIREMENT	***	***	***	6.5	***	6.8	(12)	0	4/30	Comp			
EFFLUENT GROSS VALUE					MINIMUM	***	***	MAXIMUM	50						
SOLIDS, TOTAL		SAMPLE MEASUREMENT	***	***					(19)	0	4/30	Comp			
SUSPENDED		PERMIT REQUIREMENT	***	***	***	18.8	30 MD AVG	24	50 DAILY MX						
00500 1 0 0		MEASUREMENT	***	***	***	***	***	***	MG/L						
EFFLUENT GROSS VALUE															
ALUMINUM, TOTAL RECOVERABLE		SAMPLE MEASUREMENT	***	***					(19)	0	4/30	Comp			
01004 1 0 0		PERMIT REQUIREMENT	***	***	***	***	***	1.88	REPORT DAILY MX						
EFFLUENT GROSS VALUE					***	***	***	***	MO/L						
FLOW, IN CONDUIT OR THRU TREATMENT PLAN		SAMPLE MEASUREMENT	***	0.222	(03)					0	7/07	Total			
40000 1 0 0		PERMIT REQUIREMENT	***	10 DAILY MX	MGD	***	***	***	***						
EFFLUENT GROSS VALUE															
CHLORINE, TOTAL RESIDUAL		SAMPLE MEASUREMENT	***	***					(28)	0	4/30	Comp			
50050 1 0 0		PERMIT REQUIREMENT	***	***	***	113	REPORT NO AVG	130	REPORT DAILY MX						
EFFLUENT GROSS VALUE					***	***	***	***	UG/L						
		SAMPLE MEASUREMENT													
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		PERMIT REQUIREMENT													
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	
Robert Hoyt Plant Manager												5087991513		07 01 09	
TYPED OR PRINTED												SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
												AREA CODE		NUMBER	
												YEAR		MO DAY	

90

DISCHARGE NUMBERS

DATE	NO.	DAY
10/10/2023	100	10/10/2023

5	6	7
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Abstract

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 01-11-2001 BY 60322 UCBAW/STP

*** NO DISCHARGE ***

DATE OF DISCHARGE 01/11/2001

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PERMIT MEASUREMENT	*****	*****	*****	*****	6.5	*****	7.2	(12)	0	5/31	Comp	
		*****	*****			*****						
PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 MINIMUM	*****	8.3 MAXIMUM	30	0	5/31	Comp	
		*****	*****			*****						
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	16.4	50	24	0	5/31	Comp	
		*****	*****			*****						
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	30	50	DAILY MX	0	5/31	Comp	
		*****	*****			*****						
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	1.49	0	5/31	Comp	
		*****	*****			*****						
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY MX	0	5/31	Comp	
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PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY MX	0	5/31	Comp	

00446/00446 This is a 4-part form.

NAME WORCESTER W F P
ADDRESS 71 STONE HOUSE HILL ROAD
HOLDEN MA 01520

MA0640052
PERMIT NUMBER

001 A
DISCHARGE NUMBER

FACILITY WORCESTER W F P
LOCATION HOLDEN MA 01520

MONITORING PERIOD
YEAR 07 MO 01 DAY 01 TO YEAR 07 MO 01 DAY 31

NOTE: NO DISCHARGE ***
NOTE: Read instructions before completing this form.

MINDR (SUBR C)
F - FINAL
FILTER BACKWASH

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH		***	***		6.5	***	8.2	0	4/31	Comp	
COAGULO 1 0 0	PERMIT REQUIREMENT	***	***	***	4.5 MINIMUM	***	8.5 MAXIMUM	0	4/31	Comp	
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***	***	***	18.2	23.0	0	4/31	Comp	
SUSPENDED	PERMIT REQUIREMENT	***	***	***	***	30 MD AVG	50 DAILY MX	0	4/31	Comp	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
ALUMINUM	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
TOTAL RECOVERABLE	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
01104 1 0 0	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
50050 1 0 0	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
CHLORINE, TOTAL	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
RESIDUAL	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
50060 1 0 0	PERMIT REQUIREMENT	***	***	***	***	***	***	0	4/31	Comp	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	***	***	0	4/31	Comp	
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.										
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										
TELEPHONE		DATE		AREA CODE		NUMBER		YEAR		MO DAY	

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

GENERAL PERMIT CLASS A

STREET LIGHTS SUPER

MINOR
(SUB C)
F - FINAL
FILTER BACKWASH

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	02	01		07	02	28

Figure 1

(a) **Flowchart illustrating the study design.**

(b) **Flowchart illustrating the study design.**

(c) **Flowchart illustrating the study design.**

(d) **Flowchart illustrating the study design.**

(e) **Flowchart illustrating the study design.**

(f) **Flowchart illustrating the study design.**

(g) **Flowchart illustrating the study design.**

(h) **Flowchart illustrating the study design.**

(i) **Flowchart illustrating the study design.**

(j) **Flowchart illustrating the study design.**

(k) **Flowchart illustrating the study design.**

(l) **Flowchart illustrating the study design.**

(m) **Flowchart illustrating the study design.**

(n) **Flowchart illustrating the study design.**

(o) **Flowchart illustrating the study design.**

(p) **Flowchart illustrating the study design.**

(q) **Flowchart illustrating the study design.**

(r) **Flowchart illustrating the study design.**

(s) **Flowchart illustrating the study design.**

(t) **Flowchart illustrating the study design.**

(u) **Flowchart illustrating the study design.**

(v) **Flowchart illustrating the study design.**

(w) **Flowchart illustrating the study design.**

(x) **Flowchart illustrating the study design.**

(y) **Flowchart illustrating the study design.**

(z) **Flowchart illustrating the study design.**

ASH

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS													
PH																					
00400 1 0 0	SAMPLE MEASUREMENT	***	***		6.7						0	4/31	Comp								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	6.5 MINIMUM	***	8.0 MAXIMUM	50													
SOLIDS, TOTAL	SAMPLE MEASUREMENT	***	***			15.0	19.0				0	4/31	Comp								
SUSPENDED	PERMIT REQUIREMENT	***	***	***	***	30 MD AVG	50 DAILY MX														
00520 1 0 0	PERMIT REQUIREMENT	***	***	***																	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***				1.08				0	4/31	Comp								
ALUMINUM, TOTAL RECOVERABLE	PERMIT REQUIREMENT	***	***	***	***	***	REPORT DAILY MX														
01104 1 0 0	SAMPLE MEASUREMENT	***	0.189	(03)	***	***	***				0	7/07	total								
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	1.0 DAILY MX	MD	***	***	***														
FIELD, IN CONDUIT OR THRU TREATMENT PLAN	SAMPLE MEASUREMENT	***	***																		
50020 1 0 0	PERMIT REQUIREMENT	***	***	***	***	35.0	50.0				0	4/31	Comp								
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	***	***	***	***	REPORT MD AVG	REPORT DAILY MX														
CHLORINE, TOTAL RESIDUAL	PERMIT REQUIREMENT	***	***	***	***	***	***														
50060 1 0 0	SAMPLE MEASUREMENT	***	***	***	***	***	***														
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	***	***	***	***	***	***														
	SAMPLE MEASUREMENT																				
	PERMIT REQUIREMENT																				
	SAMPLE MEASUREMENT																				
	PERMIT REQUIREMENT																				
	SAMPLE MEASUREMENT																				
	PERMIT REQUIREMENT																				
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							
Robert Hoyt Plant Manager												508 7991513		07 04 10							
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										AREA CODE		NUMBER		YEAR		MO		DAY	
												508		7991513		07		04		10	

[illegible]

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

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

NAME: WORCESTER W F P
ADDRESS: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520

FACILITY: WORCESTER W F P

LOCATION: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520

ATTN: ROBERT HOYT, SUPER.

MAG640052
PERMIT NUMBER

001A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	04	01	07	04	30

FROM 07/04/01

TO 07/04/01

DMR MAILING ZIP CODE: 01520

MINOR (SUBRC)
FILTER BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.1	0	5/30	Comp
00400 1 0	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM		Weekly	GPAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	5/30	Comp
Solids, total suspended	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB
00530 1 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	5/30	Comp
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	5/30	Comp
01104 1 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Monthly	GPAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.173		*****	*****	*****	0	7/07	Conf
50050 1 0	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****		Weekly	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	5/30	
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB
50060 1 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****		Weekly	GPAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Robert Hoyt	TELEPHONE		DATE	
	508 2991523	07 07 10		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT CLASS A.

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

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

NAME: WORCESTER W F P
ADDRESS: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520

MAG640052
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 01520
MINOR (SUBRC):
FILTER BACKWASH
External Outfall

FACILITY: WORCESTER W F P
LOCATION: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520
ATTN: ROBERT HOYT, SUPER.

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	05	01	07	05	31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.5	1	4/31	COND
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM		Weekly	GPAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	4/31	COND
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	4/31	COND
01104 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Monthly	GPAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.452		*****	*****	*****	0	7/67	TOTAL
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	DAILY MX	Mgal/d	*****	*****	*****		Weekly	TOTAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	0	4/31	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		Weekly	GPAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
Robert Hoyt		508 7791573		07 07 10	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	
				NUMBER	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT CLASS A.

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

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

NAME: WORCESTER W F P
ADDRESS: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520
FACILITY: WORCESTER W F P
LOCATION: 71 STONE HOUSE HILL ROAD
HOLDEN, MA 01520
ATTN: ROBERT HOYT, SUPER.

MAG640052	
PERMIT NUMBER	

001A	
DISCHARGE NUMBER	

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
07	06	01	07	06	30

FROM

TO

DMR MAILING ZIP CODE: 01520
MINOR (SUBRC):
FILTER BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
pH	SAMPLE MEASUREMENT	*****	*****		6.5	*****	6.8		0	4/30	Comp
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	20	30		0	4/30	Comp
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	50 DAILY MX	mg/L		Weekly	GRAB
Aluminum, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.32		0	4/30	Comp
01104 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	0.575		*****	*****	*****		0	7/07	Total
50050 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	DAILY MX	*****	*****	*****			Weekly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****		*****	38	90		0	4/30	Comp
50060 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	ug/L		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 on which this document is based. 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	TELEPHONE	DATE
Robert Hoyt			[Signature]	508 799/573	07 07 10
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
GENERAL PERMIT CLASS A.