

STEPHEN S. FADER, P.E.  
TOWN ENGINEER

DOUGLAS R. STEWART, P.E.  
ASSISTANT TOWN ENGINEER

**TOWN OF WELLESLEY**  
WELLESLEY, MASSACHUSETTS 02481



DEPARTMENT OF PUBLIC WORKS  
ENGINEERING DIVISION

May 10, 2005

P.O. BOX 364  
455 WORCESTER STREET  
781-235-7600  
FAX 781-237-0047

2005 MAY 12 2:42  
1069

Ms Thelma Murphy  
U.S. Environmental Protection Agency  
Water Technical Unit  
P.O. Box 8127  
Boston, MA 02114

**RE: NPDES Phase II Small MS4 General Permit  
Annual Report  
Wellesley, Massachusetts  
EPA NPDES Permit Number: MA 041067  
MA DEP Transmittal Number: W-036293**

Dear Ms. Murphy:

Please find enclosed herewith a copy of our annual report for the period March 2004 to March 2005 as required by our NPDES Phase II Small MS4 General Permit. The annual report highlights stormwater related activities and tasks performed during the past year.

Should you have any questions or if you require additional information, please feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Stephen S. Fader".

Stephen S. Fader, P. E.  
Town Engineer

Enclosure

Cc: M. Pakstis, Director  
J. Curby, Assistant Director  
C. Clark, Selectmen  
J. Bowser, Natural Resources Commission  
R. Brown, Planning Board

**Municipality/Organization:** WELLESLEY

**EPA NPDES Permit Number:** MA041067

**MaDEP Transmittal Number:** W-036293

**Annual Report Number  
& Reporting Period:** No. 2: March 04-March 05

## NPDES PII Small MS4 General Permit Annual Report

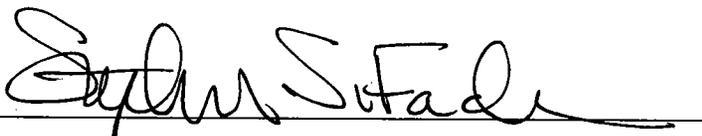
### Part I. General Information

**Contact Person:** Stephen S. Fader, P.E. **Title:** Town Engineer

**Telephone #:** (781) 235-7600 ex. 310 **Email:** stevef@ci.wellesley.ma.us

#### Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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:** 

**Printed Name:** Stephen S. Fader, P.E.

**Title:** Town Engineer

**Date:** 10 May 2005

## **Part II. Self-Assessment**

The Town of Wellesley has completed the required self-assessment and have determined that our municipality is in compliance with all permit conditions, except for the following provision:

Part I.C.2 The stormwater management program does not include a section describing how the program will control the discharge of pollutants of concern described in 303(d) listed water bodies. The Town is waiting for Mass DEP to complete TMDL studies on these waterbodies and provide guidance.

### Part III. Summary of Minimum Control Measures

#### 1. Public Education and Outreach

| BMP ID # | BMP Description  | Responsible Dept./Person Name                      | Measurable Goal(s)   | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)   | Planned Activities – Permit Year 3  |
|----------|--|--|--|---|---|
| 1.1      | Inform the general public about their role in stormwater management. | Town Engineer/DPW                                  | Brochures mailed to every residence, DPW newsletter articles, posters in public buildings and on web site. | SuAsCo stormwater display purchased and exhibited with informational brochures at Town public library and DPW building lobby. Newly adopted regulations posted on Town web site. Information disseminated in DPW newsletter and mailed to every residence, spring 2004. | Continue to exhibit SuAsCo display. Distribute SuAsCo informational brochures. Provide information on various stormwater topics on web site and DPW newsletter. Include material on proper disposal of pet waste and residential motor vehicle maintenance. |
| 1.2      | Inform residents about catch basin stenciling.                       | Town Engineer/DPW                                  | Information disseminated to residents via mechanisms listed in 1.1   | Information on stormwater marking by Boy Scouts of America was disseminated in DPW newsletter.  | Continue to provide information whenever stenciling program is active.  |
| 1.3      | Continue ongoing pesticide awareness campaign.                       | Natural Resources Commission                       | Reduction in pesticides measured in impaired waterways   | Brochures mailed out to residences and distribution of resource guides. Articles in Wellesley Townsman and on CATV. Presentations at local events.  | Continue with outreach program.   |
| 1.4      | Continue annual household hazardous waste collection day.            | DPW RDF Division                                   | Significant amounts of materials collected, reduction in toxic chemicals measured in impaired waterways.   | Annual collection was held on May 2, 2004.  | Annual collection to be held on May 1, 2005.  |
| 1.5      | Pond Restoration Program - Public Awareness                          | Town Engineer/DPW and Natural Resources commission | Reduction of nutrient concentrations in ponds  | Public hearing regarding Morses Pond was held on November 8, 2004 to obtain input on goals for management study.  | Additional public hearings and meetings to be held as development of management plan for Morses Pond progresses.  |

|         |   |                              |   |   |  |
|---------|---|------------------------------|---|---|--|
| 1.6     | Brochures mailed to businesses to promote good housekeeping measures at commercial and industrial activities. | Town Engineer/<br>DPW        | Reduction in pollutants observed by catch basin cleaning crews, reduction in toxic chemicals in impaired waterways. | Did not accomplish this task.   | Scheduled for Fall 2005.   |
| Revised | Defer to permit year 3.   |                              |   |   |  |
| 1.7     | Continue program to discourage feeding of waterfowl at Town Hall Duck pond.                                   | Natural Resources Commission | Reduction in duck population to 8 breeding pairs, reduction of fecal coliform measured in Fuller Brook.             | Signs are posted at feeding areas, information posted on local access CATV and Town's web site. | Same as permit year 2.   |
| 1.8     | Coordinate with local groups for assistance in outreach.  | Town Engineer/<br>DPW        | Participation by as many groups as possible.  | Boy Scouts were used to mark catch basins.  | Contact neighborhood groups as appropriate especially those in close proximity to ponds and waterways. |

## 2. Public Involvement and Participation

| BMP ID # | BMP Description   | Responsible Dept./Person Name | Measurable Goal(s)   | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)                       | Planned Activities – Permit Year 3  |
|----------|---|-------------------------------|--|---|---|
| 2.1      | Hold public hearings for new regulations.                       | Town Engineer/DPW             | Input received and bylaw finalized by Winter 2005                    | Public hearing was held on January 18, 2005 and stormwater systems regulations were adopted.                        | N/A<br>BMP Completed  |
| 2.2      | Hold public hearings for new site plan bylaw.                   | Planning Board/DPW            | Input received and regulations finalized by summer 2004.             | Public hearing held, February 1, 2005. Input received and bylaw amendment finalized.                                | N/A<br>BMP Completed  |
| Revised  |   |                               | Adopt at annual town meeting, Spring 2005.                           |   |   |
| 2.3      | Seek volunteers for catch basin stenciling and stream clean up. | Town Engineer/DPW             | Volunteer groups formed, stream clean up and stenciling in progress. | Boy scouts have been placing catch basin markers. Annual stream clean up day along Charles River held, April, 2004. | Expect to involve neighborhood groups to perform stenciling or marking in residential areas. Stream clean up scheduled for Earth Day, 2005. |
| 2.4      | Establish hot line to report illegal dumping.                   | Department of Public Works.   | Number of incidents of illegal dumping being reported.               | Did not accomplish this task.   | Establish by fall 2005.   |
| Revised  | Establish during permit year 3.                                 |                               |  |   |   |

### 3. Illicit Discharge Detection and Elimination

| BMP ID # | BMP Description   | Responsible Dept./Person Name | Measurable Goal(s)  | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)                            | Planned Activities – Permit Year 3   |
|----------|---|-------------------------------|---|--|--|
| 3.1      | Develop stormwater system layer on GIS.                                     | Town Engineer/<br>DPW         | Map completed and showing 100% of outfalls.                     | Map is complete.   | Update as required.  |
| 3.2      | Develop stormwater regulations.   | Town Engineer/<br>DPW         | Regulations adopted and 100% permit compliance.                 | Regulations adopted, effective February 24, 2005.  | Use regulations to control discharges into the Town's stormwater collection system.  |
| 3.3      | Inspect outfalls, sample and test dry weather discharges.                   | Town Engineer/<br>DPW         | All 330 outfalls inspected for dry weather discharges.          | Wet weather analytical sampling conducted at Town refuse collection facility under NPDES Multisector General Permit.     | Continue with inspection and sampling of outfalls.   |
| Revised  |   |                               | All 330 outfalls visually inspected.                            |  |  |
| 3.4      | Use water quality modeling software to identify priority areas for testing. | Town Engineer/<br>DPW         | Software in use by spring 2004.                                 | Water quality modeling software selected (XP-SWMM) but not yet in use. Model being calibrated.                           | Conduct additional rounds of sampling to further calibrate model. Purchase and install software. Conduct training.   |
| Revised  |   |                               | Software in use by fall 2005.                                   |  |  |
| 3.5      | Trace identified illicit discharges.  | Town Engineer/<br>DPW         | Most illicit discharges eliminated by Summer 2007               | Several areas identified for additional sampling and possible investigation of pollutants.                               | Conduct sampling at locations identified by water quality modeling software.   |
| 3.6      | Establish catch basin stenciling program.                                   | Town Engineer/<br>DPW         | Reduction in pollutants observed by catch basin cleaning crews. | Approximately 400 catch basin markers placed at various high profile locations throughout town.                          | Expand to residential areas as program gains acceptance with public. Imbed cast iron curb markers in new concrete sidewalk during street reconstruction project. |
| Revised  | Use plastic markers instead of stencils.                                    |                               |   |  |  |
| 3.7      | Training for public employees to report illicit discharges.                 | Town Engineer/<br>DPW         | Public employees observing and reporting illegal dumping.       | Could not conduct training due to unusual demands for DPW employees to conduct snow removal operations during Winter 05. | Schedule training for Winter 06.   |

#### 4. Construction Site Stormwater Runoff Control

| BMP ID # | BMP Description  | Responsible Dept./Person Name | Measurable Goal(s)   | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)   | Planned Activities – Permit Year 3   |
|----------|--|-------------------------------|--|---|--|
| 4.1      | Develop erosion and sedimentation control measures.                  | Town Engineer/<br>DPW         | Regulations adopted and 100% permitting compliance.                      | Erosion and Sedimentation Control Regulations have been drafted and are undergoing review.  | Finalize and adopt regulations after public hearing and comment.               |
| Revised  |  |                               | Adopt by Spring 2006   |   |  |
| 4.2      | Require erosion and sedimentation controls in site plan review.      | Planning Board                | Amendment to zoning bylaw adopted and 100% permitting compliance.        | Amendment to zoning bylaw to require review of drainage and erosion and sedimentation controls for projects disturbing 1 acre or more drafted and to be presented to Annual Town Meeting. | Adopt at Annual Town Meeting, April 2006, and begin implementation.            |
| Revised  |  |                               | Adopt at Annual Town Meeting, Spring 2006.                               |   |  |
| 4.3      | Establish procedures for inspections and enforcement of regulations. | Building Department           | Inspections being conducted, less suspended solids washing into streets. | Scheduled to be addressed Fall 2005.  | Establish after new Erosion and Sedimentation Control Regulations are adopted. |
| Revised  |  | Town Engineer                 | Establish by Spring 2006.  |   |  |

## 5. Post-Construction Stormwater Management in New Development and Redevelopment

| BMP ID # | BMP Description   | Responsible Dept./Person Name | Measurable Goal(s)  | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)  | Planned Activities – Permit Year 3                                  |
|----------|---|-------------------------------|---|--|---|
| 5.1      | Amend zoning bylaw (Site Plan Review) to address post construction runoff.  | Planning Board                | Amendment to zoning bylaw adopted and 100% permitting compliance.                   | An amendment to zoning bylaw to require review of drainage and erosion and sedimentation controls for projects disturbing 1 acre or more is drafted and a public hearing was held on February 1, 2005. | Adopt at Annual Town Meeting, April 2005, and begin implementation. |
| Revised  |   |                               | Adopt at Annual Town Meeting, Spring 2005.  |  |   |
| 5.2      | Monitor inspections and maintenance of privately owned BMP's.               | Town Engineer/DPW             | Inspection and maintenance of BMP's being performed, town receiving annual reports. | Currently, only as required by Orders of Conditions under Wetlands Protection Act. A requirement for operation and maintenance plans are included in proposed zoning bylaw amendment.                  | Adopt at Annual Town Meeting, April 2005, and begin implementation. |
| 5.3      | Review and approve selected water quality BMP's and supervise installation. | Planning Board                | Approved water quality BMP's installed and functioning                              | Currently, only as required by existing Permit Granting Authority. The amendment to zoning bylaw will allow review of projects disturbing 1 acre or more.  | No action until bylaw is adopted.                                   |

## 6. Pollution Prevention and Good Housekeeping in Municipal Operations

| BMP ID # | BMP Description   | Responsible Dept./Person Name | Measurable Goal(s)                                 | Progress on Goal(s) – Permit Year 2<br>(Reliance on non-municipal partners indicated, if any)  | Planned Activities – Permit Year 3  |
|----------|---|-------------------------------|--|--|-------------------------------------|
| 6.1      | Evaluate existing controls for preventing runoff from municipal operations. | Department of Public Works    | Reduction in pollutants from municipal operations. | An evaluation of the Recycling and Disposal Facility has been conducted and compliance with the NPDES MSGP is ongoing. An evaluation of the municipal highway yard has been completed. | Begin to evaluate other facilities. |

|         |   |  |   |  |   |
|---------|---|--|---|--|---|
| 6.2     | Conduct employee training for hazardous materials, vehicle refueling and washing, and preventative maintenance. | Department of Public Works                                     | 100% attendance by DPW employees.   | Training was conducted in prior years.   | Refresher training to be conducted in Fall 2005.                |
| 6.3     | Remove aquatic weeds from Morses Pond.  | Department of Public Works and Natural Resources Commission    | Reduction in invasive and nuisance aquatic weeds.   | This task was not accomplished due to weed harvester not operational and in need of extensive repair. Equipment has now been repaired.                               | Continue program, Summer 2005.                                  |
| 6.4     | Dredge and remove silt, organic sediments and aquatic weeds from selected ponds.                                | Department of Public Works and Natural Resources Commission    | Reduction in nutrients and elimination of algal blooms and fish kills.                              | Received 319 grant for Cold Spring Brook watershed remediation project which includes dredging of Town Hall Duck Pond and construction of upstream sediment forebay. | Project implementation late Summer – Fall 2005.                 |
| 6.5     | Conduct training in spill prevention procedures and conduct annual deployment exercise.                         | Department of Public Works and Fire Department.                | All spill response personnel are trained and have participated in at least one deployment exercise. | Spill prevention training and deployment exercise conducted on December 16, 2004.  | Continue to conduct periodic training and deployment exercises. |
| Revised | Defer to permit year 2  |  |   |  |   |
| 6.6     | Construct vehicle washing facility at the DPW highway yard.   | Department of Public Works                                     | No vehicle wash water is reaching the stormwater drainage system.                                   | A system that contains and directs vehicle wash water to the sanitary sewer system has been constructed and is in use.   | N/A<br>BMP completed.   |
| 6.7     | Conduct training for Park & Tree workers on reduced pesticide use.  | Department of Public Works and Pesticide Awareness Coordinator | Workers are trained and reduction in toxic chemicals measured in water bodies.                      | Ongoing refresher training being held annually. Pesticide free policy adopted on Town school land and parklands.   | Continue to conduct training.                                   |
| 6.8     | Review procedures for handling and storage of hazardous materials.  | Department of Public Works                                     | Minimize exposure of hazardous materials to stormwater.   | Right to know training conducted, July 13, 2004. Hazardous materials are being properly stored.  | Continue program.   |

|      |  |                            |   |  |  |
|------|--|----------------------------|---|--|--|
| 6.9  | Conduct training for DPW employees on new construction and land disturbance. | Department of Public Works | Training is conducted every other year. 100% attendance by DPW employees. | Not scheduled permit year 2.   | Training to be conducted in future.                                  |
| 6.10 | Continue ongoing program to clean catch basins.                              | Department of Public Works | Clean critical catch basins annually, others when 60% full.               | Ongoing program. Town has applied to DEP for BUD to reuse solid waste generated by this activity for the manufacture of compost. | Continue program.  |
| 6.11 | Continue ongoing program for street sweeping.                                | Department of Public Works | Sweep commercial areas weekly, residential streets annually.              | Ongoing program. Town has applied to DEP for BUD to reuse solid waste generated by this activity for the manufacture of compost. | Continue program.  |
| 6.12 | Review and revise schedules for municipal maintenance activities.            | Department of Public Works | Revised schedules have improved efficiency of operations.                 | Schedules under review by DPW management.  | Revise as necessary.   |
| 6.13 | Inventory, inspect and maintain town owned structural controls.              | Department of Public Works | Inspection and maintenance of town owned BMP's being performed.           | Town owned oil – water separators have been inventoried, inspected and placed on periodic maintenance schedules                  | Inventory other Town owned BMP's and establish inspection schedules. |

**7. BMPs for Meeting Total Maximum Daily Load (TMDL) Waste Load Allocations (WLA) <<if applicable>>**

**NO TMDL'S ESTABLISHED FOR CHARLES RIVER WATERSHED AS OF DATE OF REPORT**

**Part IV. Summary of Information Collected and Analyzed**

(see attachments)

The only sampling conducted during permit year 2 was at the Town's recycling and disposal facility. The results are attached.

**Part V. Program Outputs & Accomplishments (OPTIONAL)**

**Education, Involvement, and Training**

|   |        |  |
|---|--------|--|
| Household Hazardous Waste Collection Days |        |  |
| ▪ days sponsored                          | 1      |  |
| ▪ community participation                 | 8%     |  |
| ▪ material collected                      | 9 tons |  |
| School curricula implemented              | no     |  |
|   |        |  |

**Legal/Regulatory**

|   | In Place<br>Prior to<br>Phase II | Under<br>Review | Drafted | Adopted |
|---|----------------------------------|-----------------|---------|---------|
| <b>Regulatory Mechanism Status (indicate with "X")</b>    |                                  |                 |         |         |
| ▪ Illicit Discharge Detection & Elimination               |                                  |                 |         | x       |
| ▪ Erosion & Sediment Control                              |                                  |                 | x       |         |
| ▪ Post-Development Stormwater Management                  |                                  |                 | x       |         |
| <b>Accompanying Regulation Status (indicate with "X")</b> |                                  |                 |         |         |
| ▪ Illicit Discharge Detection & Elimination               |                                  |                 |         | x       |
| ▪ Erosion & Sediment Control                              |                                  |                 | x       |         |
| ▪ Post-Development Stormwater Management                  |                                  | x               |         |         |

**Mapping and Illicit Discharges**

|  |      |  |
|--|------|--|
| Outfall mapping complete               | 100% |  |
| Estimated or actual number of outfalls | 330  |  |
| System-Wide mapping complete           | 100% |  |
| <b>Mapping method(s)</b>               |      |  |
| ▪ Paper/Mylar                          | yes  |  |
| ▪ CADD                                 | no   |  |
| ▪ GIS                                  | yes  |  |
| Outfalls inspected/screened            | 2    |  |
| Illicit discharges identified          | 0    |  |
| Illicit connections removed            | 0    |  |
| % of population on sewer               | 96%  |  |
| % of population on septic systems      | 4%   |  |
|  |      |  |
|  |      |  |

## Operations and Maintenance

|  |   |  |
|--|---|--|
| Average frequency of catch basin cleaning (non-commercial/non-arterial streets)  | Every 2 years   |  |
| Average frequency of catch basin cleaning (commercial/arterial or other critical streets)  | Every year  |  |
| Total number of structures cleaned   | 536   |  |
| Storm drain cleaned  | 2619 LF   |  |
| Qty. of screenings/debris removed from storm sewer infrastructure  | 175 c.y.  |  |
| Disposal or use of sweepings (landfill, POTW, compost, recycle for sand, beneficial use, etc.)   | 300 c.y.  |  |
| Cost of screenings disposal  | \$25.00/c.y.  |  |
| Average frequency of street sweeping (non-commercial/non-arterial streets)   | 1/yr  |  |
| Average frequency of street sweeping (commercial/arterial or other critical streets)   | 2/week  |  |
| Qty. of sand/debris collected by sweeping  | 1056 c.y.   |  |
| Disposal of sweepings (landfill, POTW, compost, beneficial use, etc.)  | Landfill,<br>BUD<br>pending   |  |
| Cost of sweepings disposal   | \$25.00/c.y.  |  |
| Vacuum street sweepers purchased/leased  | none  |  |
| Vacuum street sweepers specified in contracts  | none  |  |
| Anti-/De-Icing products and ratios<br><br>Calcium Chloride 37% - 39% CaCl <sub>2</sub> Solution<br>Sodium Chloride 98% - 99% NaCl Solution | % NaCl<br>% CaCl <sub>2</sub><br>% MgCl <sub>2</sub><br>% CMA<br>% Kac<br>% KCl<br>% Sand |  |
| Pre-wetting techniques utilized  | yes   |  |
| Manual control spreaders used  | no  |  |
| Automatic or Zero-velocity spreaders used  | yes   |  |
| Estimated net reduction in typical year salt application   | indeterminate   |  |
| Salt pile(s) covered in storage shed(s)  | yes   |  |
| Storage shed(s) in design or under construction  | In use  |  |

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

MAR05C488  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD       |    |                         |      |    |     |
|-------------------------|----|-------------------------|------|----|-----|
| YEAR                    | MO | DAY                     | YEAR | MO | DAY |
| 03                      | 10 | 01                      | 03   | 12 | 31  |
| FROM                    |    |                         | TO   |    |     |
| (20-21) (22-23) (24-25) |    | (26-27) (28-29) (30-31) |      |    |     |

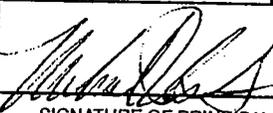
Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)            | X                  | (3 Card Only) QUANTITY OR LOADING (46-53) (54-61) |         |       | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61) |         |         |       | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------|--------------------|---|---------|-------|--|---------|---------|-------|----------------|-------------------------------|---------------------|
|                              |                    | AVERAGE   | MAXIMUM | UNITS | MINIMUM  | AVERAGE | MAXIMUM | UNITS |                |                               |                     |
| Chemical Oxygen Demand       | SAMPLE MEASUREMENT |   | 200     | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Suspended Solids (TSS) | SAMPLE MEASUREMENT |   | 200     | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Recoverable Aluminum   | SAMPLE MEASUREMENT |   | 6.0     | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Recoverable Copper     | SAMPLE MEASUREMENT |   | 0.04    | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Recoverable Iron       | SAMPLE MEASUREMENT |   | 7.6     | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Recoverable Lead       | SAMPLE MEASUREMENT |   | 0.138   | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |
| Total Recoverable Zinc       | SAMPLE MEASUREMENT |   | 0.31    | mg/L  |  |         |         |       |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |         |       |  |         |         |       |                |                               |                     |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Michael P. Pakstis  
 DPW Director  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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

TELEPHONE 235-781 7600  
 DATE 03 12 12  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 4 hr. storm event of November 28, 2003  
 0.5" rainfall, 7 days from previous storm event

Volume of flow-less than 1 c.f.s.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

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

MAR05C488  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 03 10 01 TO 03 12 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER<br>(32-37)         | X                  | (3 Card Only)<br>(48-53) QUANTITY OR LOADING<br>(54-61) |         |       | (4 Card Only)<br>(38-45) QUALITY OR CONCENTRATION<br>(46-53) (54-61) |         |         | NO. EX<br>(62-63) | FREQUENCY<br>OF<br>ANALYSIS<br>(64-68) | SAMPLE<br>TYPE<br>(69-70) |
|------------------------------|--------------------|---|---------|-------|--|---------|---------|-------------------|--|---------------------------|
|                              |                    | AVERAGE   | MAXIMUM | UNITS | MINIMUM  | AVERAGE | MAXIMUM |                   |  |                           |
| Chemical Oxygen Demand       | SAMPLE MEASUREMENT |   | 95      |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Suspended Solids (TSS) | SAMPLE MEASUREMENT |   | 160     |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Recoverable Aluminum   | SAMPLE MEASUREMENT |   | 1.8     |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Recoverable Copper     | SAMPLE MEASUREMENT |   | 0.01    |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Recoverable Iron       | SAMPLE MEASUREMENT |   | 3.5     |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Recoverable Lead       | SAMPLE MEASUREMENT |   | ND      |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |
| Total Recoverable Zinc       | SAMPLE MEASUREMENT |   | 0.17    |       |  |         |         |                   | 1/90                                   | G                         |
|                              | PERMIT REQUIREMENT |   |         | mg/L  |  |         |         |                   | 1/90                                   |                           |

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.

  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 235-7811 7600  
 DATE 03 12 12  
 AREA CODE NUMBER YEAR MO DAY

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

4 hr. storm event of November 28, 2003 Volume of flow-less than 1 c.f.s.  
 0.5" rainfall, 7 days from previous storm event

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

MAR05C488  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD |    |         |      |         |     |
|-------------------|----|---------|------|---------|-----|
| YEAR              | MO | DAY     | YEAR | MO      | DAY |
| 04                | 01 | 01      | 04   | 03      | 31  |
| (20-21)           |    | (22-23) |      | (24-25) |     |
|                   |    |         |      | (26-27) |     |
|                   |    |         |      | (28-29) |     |
|                   |    |         |      | (30-31) |     |

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)                      | X                  | (3 Card Only) QUANTITY OR LOADING (46-53)  |                 |               | (4 Card Only) QUALITY OR CONCENTRATION (38-45) |                 |                 |               | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|--------------------|--|-----------------|---------------|--|-----------------|-----------------|---------------|----------------|-------------------------------|---------------------|
|  |                    | AVERAGE (54-55)  | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (46-53)                                | AVERAGE (46-53) | MAXIMUM (54-61) | UNITS (54-61) |                |                               |                     |
| Chemical Oxygen Demand                 | SAMPLE MEASUREMENT |  | 130             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Suspended Solids (TSS)           | SAMPLE MEASUREMENT |  | 150             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Recoverable Aluminum             | SAMPLE MEASUREMENT |  | 4.0             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Recoverable Copper               | SAMPLE MEASUREMENT |  | 0.03            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Recoverable Iron                 | SAMPLE MEASUREMENT |  | 5.4             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Recoverable Lead                 | SAMPLE MEASUREMENT |  | 0.115           | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| Total Recoverable Zinc                 | SAMPLE MEASUREMENT |  | 0.18            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT |  |                 |               |  |                 |                 |               |                |                               | 1/90                |
| 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 INDUSTRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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            |               |                |                               |                     |
| Michael P. Pakstis<br>DPW Director     |                    |  |                 |               | 781 7600                                       |                 | 04              | 04            | 21             |                               |                     |
| TYPED OR PRINTED                       |                    | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT   |                 |               | AREA CODE                                      | NUMBER          | YEAR            | MO            | DAY            |                               |                     |

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

Three day storm event beginning March 31, 2004 Volume of flow - less than 1 c.f.s  
 3.9" rainfall 4 days from previous storm event

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

Form Approved  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAR05C488  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

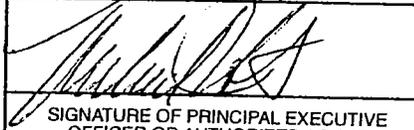
Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD       |    |     |    |                         |    |     |
|-------------------------|----|-----|----|-------------------------|----|-----|
| YEAR                    | MO | DAY | TO | YEAR                    | MO | DAY |
| 04                      | 01 | 01  |    | 04                      | 03 | 01  |
| (20-21) (22-23) (24-25) |    |     |    | (26-27) (28-29) (30-31) |    |     |

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)                                      | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53)   |                 |               | (4 Card Only) QUALITY OR CONCENTRATION (38-45) |                 |   | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |               |
|--|---|---|-----------------|---------------|--|-----------------|---|----------------|-------------------------------|---------------------|---------------|
|  |   | AVERAGE (54-55)   | MAXIMUM (56-57) | UNITS (58-59) | MINIMUM (60-61)                                | AVERAGE (62-63) | MAXIMUM (64-65)   |                |                               |                     | UNITS (66-67) |
| Chemical Oxygen Demand                                 | SAMPLE MEASUREMENT                      |   | 61              | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Suspended Solids (TSS)                           | SAMPLE MEASUREMENT                      |   | 110             | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Recoverable Aluminum                             | SAMPLE MEASUREMENT                      |   | 1.0             | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Recoverable Copper                               | SAMPLE MEASUREMENT                      |   | ND              | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Recoverable Iron                                 | SAMPLE MEASUREMENT                      |   | 1.8             | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Recoverable Lead                                 | SAMPLE MEASUREMENT                      |   | ND              | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| Total Recoverable Zinc                                 | SAMPLE MEASUREMENT                      |   | 0.08            | mg/L          |  |                 |   |                | 1/90                          | G                   |               |
|  | PERMIT REQUIREMENT                      |   |                 |               |  |                 |   |                |                               | 1/90                |               |
| 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                          |                     |               |
| Michael P. Pakstis<br>DPW Director<br>TYPED OR PRINTED |   |   |                 |               |  |                 | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |                | 781                           | 235-7600            | 04            |

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

Three day storm event beginning March 31, 2004  
 3.9" rainfall  
 4 days from previous storm event  
 Volume of flow-less than 1 c.f.s.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

MAR05C488  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD            |    |     |                            |    |     |
|------------------------------|----|-----|----------------------------|----|-----|
| YEAR                         | MO | DAY | YEAR                       | MO | DAY |
| 04                           | 04 | 01  | 04                         | 06 | 30  |
| FROM (20-21) (22-23) (24-25) |    |     | TO (26-27) (28-29) (30-31) |    |     |

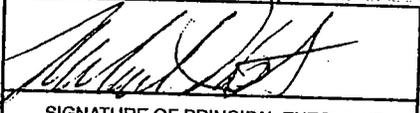
Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)            | SAMPLE MEASUREMENT / PERMIT REQUIREMENT | (3 Card Only) QUANTITY OR LOADING (46-53) |                 |               | (4 Card Only) QUALITY OR CONCENTRATION (38-45) |                 |                 |               | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------|---|---|-----------------|---------------|--|-----------------|-----------------|---------------|----------------|-------------------------------|---------------------|
|                              |   | AVERAGE (54-61)                           | MAXIMUM (54-61) | UNITS (54-61) | MINIMUM (46-53)                                | AVERAGE (46-53) | MAXIMUM (46-53) | UNITS (46-53) |                |                               |                     |
| Chemical Oxygen Demand       | SAMPLE MEASUREMENT                      |   | 62              | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Suspended Solids (TSS) | SAMPLE MEASUREMENT                      |   | 1900            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Aluminum   | SAMPLE MEASUREMENT                      |   | 0.46            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Copper     | SAMPLE MEASUREMENT                      |   | 0.01            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Iron       | SAMPLE MEASUREMENT                      |   | 0.87            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Lead       | SAMPLE MEASUREMENT                      |   | ND              | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Zinc       | SAMPLE MEASUREMENT                      |   | 0.09            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT                      |   |                 |               |  |                 |                 |               |                |                               |                     |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Michael P. Pakstis  
 DPW Director  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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

TELEPHONE 235-781 7600  
 DATE 04 07 27  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 2 day storm event of July 13-14, 2004  
 0.5" rainfall, 8 days from previous storm event

Unable to obtain samples until after end of quarter.  
 Volume of flow - less than 1 c.f.s.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

MAR05C488  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD |    |     |      |    |     |
|-------------------|----|-----|------|----|-----|
| YEAR              | MO | DAY | YEAR | MO | DAY |
| 04                | 04 | 01  | 04   | 06 | 30  |

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)            | X                  | (3 Card Only) QUANTITY OR LOADING (46-53) |                 |               | (4 Card Only) QUALITY OR CONCENTRATION (38-45) |                 |                 |               | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|------------------------------|--------------------|---|-----------------|---------------|--|-----------------|-----------------|---------------|----------------|-------------------------------|---------------------|
|                              |                    | AVERAGE (54-55)                           | MAXIMUM (56-57) | UNITS (58-59) | MINIMUM (46-47)                                | AVERAGE (48-49) | MAXIMUM (50-51) | UNITS (52-53) |                |                               |                     |
| Chemical Oxygen Demand       | SAMPLE MEASUREMENT |   | 130             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Suspended Solids (TSS) | SAMPLE MEASUREMENT |   | 44              | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Aluminum   | SAMPLE MEASUREMENT |   | 1.4             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Copper     | SAMPLE MEASUREMENT |   | 0.04            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Iron       | SAMPLE MEASUREMENT |   | 1.9             | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Lead       | SAMPLE MEASUREMENT |   | 0.03            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |
| Total Recoverable Zinc       | SAMPLE MEASUREMENT |   | 0.12            | mg/L          |  |                 |                 |               |                | 1/90                          | G                   |
|                              | PERMIT REQUIREMENT |   |                 |               |  |                 |                 |               |                |                               |                     |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Michael P. Pakstis  
 DPW Director  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, 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

TELEPHONE 235-781 7600  
 DATE 04 07 27  
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 2 day storm event of July 13-14, 2004. . . . . Unable to obtain samples until after end of quarter.  
 0.5" rainfall, 8 days from previous storm event . . . . . Volume of flow - less than 1 c.f.s.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAR05C488  
 PERMIT NUMBER

002  
 DISCHARGE NUMBER

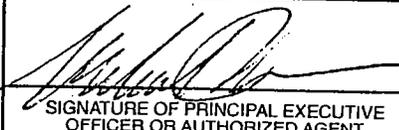
Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD |    |         |      |         |     |
|-------------------|----|---------|------|---------|-----|
| YEAR              | MO | DAY     | YEAR | MO      | DAY |
| 04                | 07 | 01      | 04   | 09      | 30  |
| (20-21)           |    | (22-23) |      | (24-25) |     |
|                   |    |         |      | (26-27) |     |
|                   |    |         |      | (28-29) |     |
|                   |    |         |      | (30-31) |     |

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER<br>(32-37)                   | X                  | (3 Card Only)<br>QUANTITY OR LOADING<br>(46-53) (54-61)   |         |        | (4 Card Only)<br>QUALITY OR CONCENTRATION<br>(38-45) (46-53) (54-61)                  |         |           | NO. EX<br>(62-63) | FREQUENCY OF ANALYSIS<br>(64-68) | SAMPLE TYPE<br>(69-70) |       |
|--|--------------------|---|---------|--------|---|---------|-----------|-------------------|----------------------------------|------------------------|-------|
|  |                    | AVERAGE   | MAXIMUM | UNITS  | MINIMUM   | AVERAGE | MAXIMUM   |                   |                                  |                        | UNITS |
| Chemical Oxygen Demand                 | SAMPLE MEASUREMENT |   | 34      | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Suspended Solids (TSS)           | SAMPLE MEASUREMENT |   | 39      | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Recoverable Aluminum             | SAMPLE MEASUREMENT |   | 0.27    | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Recoverable Copper               | SAMPLE MEASUREMENT |   | 0.01    | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Recoverable Iron                 | SAMPLE MEASUREMENT |   | 0.53    | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Recoverable Lead                 | SAMPLE MEASUREMENT |   | ND      | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | PERMIT REQUIREMENT |   |         |        |   |         |           |                   |                                  |                        |       |
| Total Recoverable Zinc                 | SAMPLE MEASUREMENT |   | 0.07    | mg/L   |   |         |           |                   | 1/90                             | G                      |       |
|  | 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. |         |        | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT                          |         | TELEPHONE |                   | DATE                             |                        |       |
| Michael P. Pakstis<br>DPW Director     |                    |   |         |        |  |         | 781       | 235-7600          | 04                               | 11                     | 17    |
| TYPED OR PRINTED                       |                    | AREA CODE   |         | NUMBER |   | YEAR    |           | MO                |                                  | DAY                    |       |

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

2 day storm event of September 8-9, 2004  
 1.5" rainfall, 8 days from previous storm event Volume of flow - less than 1 c.f.s.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME Town of Wellesley, Recycling and Disposal Facility  
 ADDRESS Wellesley Department of Public Works  
 455 Worcester Street, Wellesley, MA 02481

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18)  
 (17-19)

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAR05C488  
 PERMIT NUMBER

001  
 DISCHARGE NUMBER

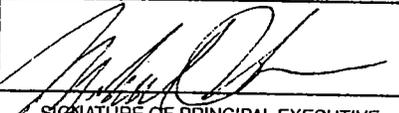
Sector N  
 Scrap and Waste Recycling Facility

FACILITY LOCATION 169 Great Plain Avenue, Wellesley, MA 02481

| MONITORING PERIOD            |    |     |                            |    |     |
|------------------------------|----|-----|----------------------------|----|-----|
| YEAR                         | MO | DAY | YEAR                       | MO | DAY |
| 04                           | 07 | 01  | 04                         | 09 | 30  |
| FROM (20-21) (22-23) (24-25) |    |     | TO (26-27) (28-29) (30-31) |    |     |

Check here if No Discharge

NOTE: Read Instructions before completing this form

| PARAMETER (32-37)                      | MAY 12 2005<br>(3 Card Only) (48-53)  | QUANTITY OR LOADING (54-61) |         |       | (4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)  |         |           |          | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|--|---|-----------------------------|---------|-------|---|---------|-----------|----------|----------------|-------------------------------|---------------------|
|  |   | AVERAGE                     | MAXIMUM | UNITS | MINIMUM   | AVERAGE | MAXIMUM   | UNITS    |                |                               |                     |
| Chemical Oxygen Demand                 | SAMPLE MEASUREMENT  |                             | 69      | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Suspended Solids (TSS)           | SAMPLE MEASUREMENT  |                             | 10      | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Recoverable Aluminum             | SAMPLE MEASUREMENT  |                             | 0.46    | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Recoverable Copper               | SAMPLE MEASUREMENT  |                             | 0.03    | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Recoverable Iron                 | SAMPLE MEASUREMENT  |                             | 1.0     | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Recoverable Lead                 | SAMPLE MEASUREMENT  |                             | ND      | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| Total Recoverable Zinc                 | SAMPLE MEASUREMENT  |                             | 0.10    | mg/L  |   |         |           |          |                | 1/90                          | G                   |
|  | PERMIT REQUIREMENT  |                             |         |       |   |         |           |          |                |                               | 1/90                |
| 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. |                             |         |       | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |         | TELEPHONE |          | DATE           |                               |                     |
| Michael P. Pakstis<br>DPW Director     |   |                             |         |       |   |         | 781       | 235-7600 | 04             | 11                            | 17                  |
| TYPED OR PRINTED                       |   |                             |         |       | AREA CODE   | NUMBER  | YEAR      | MO       | DAY            |                               |                     |

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