



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

BWSC108B

Release Tracking Number

3 - 485

CRA REMEDIAL MONITORING REPORT
EFFLUENT/DISCHARGE CONCENTRATIONS

Pursuant to 310 CMR 40.0800 (SUBPART H)

Remedial System or Monitoring Program: 1 of 1

For each Point of Measurement, indicate the highest concentration detected during the reporting period, of each oil, hazardous material and/or remedial additive.

Point of Measurement	Date (mm/dd/yyyy)	Contaminant, Measurement and/or Indicator Parameter	Influent Concentration (where applicable)	Midpoint Concentration (where applicable)	(check one)		Check here, if ND/BDL	Permissible Concentration	Units	Within Permissible Limits? (Y/N)
					<input type="checkbox"/> Discharge	<input checked="" type="checkbox"/> Groundwater Concentration				
NA	9/1/2007	NA			0	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0	PPM	Yes
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
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						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>		MG/KG	
						<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>			

Check here if an additional BWSC108B, Effluent/Discharge Concentrations Form, is needed.