



Massachusetts Department of Environmental Protection
Bureau of Waste Site Cleanup

RAM REMEDIAL MONITORING REPORT
EFFLUENT/DISCHARGE CONCENTRATIONS

Pursuant to 310 CMR 40.0400 (SUBPART D)

Remedial System or Monitoring Program: **2** of: **2**

BWSC106B

Release Tracking Number

3 - **362**

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) <input checked="" type="checkbox"/> Discharge <input type="checkbox"/> Groundwater Concentration	Check here, if ND/BDL	Permissible Concentration	Units	Within Permissible Limits? (Y/N)
EFFLUENT	10/13/2010	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	Yes
EFFLUENT	11/19/2010	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	Yes
EFFLUENT	12/15/2010	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	Yes
EFFLUENT	1/20/2011	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	Yes
EFFLUENT	2/16/2011	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	Yes
EFFLUENT	3/2/2011	PID-BENZENE RESPONSE	0			<input checked="" type="checkbox"/>	200	PPMV	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"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>			
						<input type="checkbox"/>		MG/KG	
						<input type="checkbox"/>			
						<input type="checkbox"/>			

☐ Check here if an additional BWSC106B, Effluent/Discharge Concentrations Form, is needed.