## COTTAGE FARM CSO

**LAST UPDATED:** **November 8, 2024**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

MAJOR
(SUBR E)
CSO 201- MONTHLY & QUARTERLY
External Outfall

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C01 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

***** NO DISCHARGE *****

X

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AVE MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | SU | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | | | in | ****** | ****** | ****** | | | AL/EV | RT |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | Req. Mon. MAXIMUM | in | ****** | ****** | ****** | | | All Events | RCOTOT |
| Flow, in conduit or thru treatment plant Effluent Gross | SAMPLE MEASUREMENT | | | MGD | ****** | ****** | ****** | | | 99/99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 0.1 MO AV MIN | ****** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | #/100ml | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

MAJOR
(SUBR E)
CSO 201 - MONTHLY & QUARTERLY
External Outfall

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C01 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

***** NO DISCHARGE *****  X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ****** | | occur/ mo | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. EVNT TOT | occur/ mo | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ****** | | hr | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ****** | **C** | hr/d | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr/d | ****** | ****** | ****** | | | All Events | OCCURS |
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**'9'-NO SAMPLING CONDUCTED THIS MONTH**
**C-NODI / NO DISCHARGE**

## COTTAGE FARM CSO

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
**October-2024 DISCHARGE MONITORING REPORT (DMR)**

| MA0103284 | C01 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 201 - WET DATA 2/YR

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 24 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50 Static 48hr Acute C. dubia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Static 48hr Acute P. promelas Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr C. dubia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | >1 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute P. promelas Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
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| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| David Coppes<br>Chief Operating Officer | Parameter codes on DMR are incorrect.<br>LC50 of Freshwater acute 24 hour test for Ceriodaphnia dubia is reported under parameter code TAA3E.<br>LC50 of Freshwater acute 24 hour test for Pimephales promelas is reported under parameter code TAA6B. | See original form for signature | (617)788-4359 | 6/8/2022 |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

# PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C03 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 203 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AVE MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | SU | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AVE MIN | ****** | | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | | | in | ****** | ****** | ****** | | | AL/EV | RC |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | Req. Mon. MAXIMUM | in | ****** | ****** | ****** | | | All Events | RCOTOT |
| Flow, in conduit or thru treatment plant Effluent Gross | SAMPLE MEASUREMENT | | | MGD | ****** | ****** | ****** | | | 99/99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 0.1 MO AV MIN | ****** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | #/100mL | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C03 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 203 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. EVNT TOT | occur/ mo | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ****** | | hr | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr/d | ****** | ****** | ****** | | | All Events | OCCURS |
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**'9'-NO SAMPLING CONDUCTED THIS MONTH**
**C-NODI / NO DISCHARGE**

## PRISON POINT CSO

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

| MA0103284 | C03 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 203 - WET DATA 2/YR
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50 Static 48hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Static 48hr Acute D. Pulex Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
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| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| David Coppes<br>Chief Operating Officer | Parameter codes on DMR are incorrect.<br>LC50 of Marine acute 24 hour test for Mysidopsis bahia is reported under parameter code TAA3B.<br>LC50 of Marine acute 24 hour test for Menidia beryllina is reported under parameter code TAA3D. | See original form for signature | (617)788-4359 | 6/8/2022 |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C05 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AVE MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | SU | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | | | in | ****** | ****** | ****** | | | AL/EV | RC |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | Req. Mon. MAXIMUM | in | ****** | ****** | ****** | | | All Events | RCOTOT |
| Flow, in conduit or thru treatment plant Effluent Gross | SAMPLE MEASUREMENT | | | MGD | ****** | ****** | ****** | | | 99/99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 0.1 MO AV MIN | ****** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | 0 | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C05 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. EVNT TOT | occur/ mo | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ****** | | hr | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr/d | ****** | ****** | ****** | | | All Events | OCCURS |
| | | | | | | | | | | | |
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**'9'-NO SAMPLING CONDUCTED THIS MONTH**
**C-NODI / NO DISCHARGE**

## SOMERVILLE MARGINAL CSO

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
**October-2024 DISCHARGE MONITORING REPORT (DMR)**

| MA0103284 | C05 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - WET DATA 2/YR
External Outfall

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50 Static 48hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Static 48hr Acute D. Pulex Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Ceriodaphnia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Pimphales Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| | | | | | | | | | | | |

| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | Parameter codes on DMR are incorrect.<br>LC50 of Marine acute 24 hour test for Mysidopsis bahia is reported under parameter code TAA3B.<br>LC50 of Marine acute 24 hour test for Menidia beryllina is reported under parameter code TAA3D | See original form for signature | TELEPHONE | DATE |
|---|---|---|---|---|
| David Coppes<br>Chief Operating Officer | | | (617)788-4359 | 6/8/2022 |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C25 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MON AV MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| PH Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | SU | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 6.5 MINIMUM | ****** | 8.3 MAXIMUM | SU | | Four Per Year | GRAB |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | CP |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MON AV MIN | ****** | Req. Mon MAXIMUM | mg/L | | Four Per Year | COMPOS |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | | | in | ****** | ****** | ****** | | | AL/EV | RC |
| | PERMIT REQUIREMENT | Req. Mon. MO TOTAL | Req. Mon. MAXIMUM | in | ****** | ****** | ****** | | | All Events | RCOTOT |
| Flow, in conduit or thru treatment plant Effluent Gross | SAMPLE MEASUREMENT | | | MGD | ****** | ****** | ****** | | | 99/99 | CN |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | MGD | ****** | ****** | ****** | | | Continuous | CONTIN |
| Chlorine, total residual Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | 0.1 MO AV MIN | ****** | 0.25 MX HR RT | mg/L | | Four Per Year | GRAB |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | #/100mL | | 04/YR | GR |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon MO AV MIN | ****** | Req. Mon MAXIMUM | #/100mL | | Four Per Year | GRAB |

**'9'-No sampling conducted this month/Unable to measure flow at this location**

## SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C25 A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 45566 | 45566 | 1 | 45566 | 45566 | 45596 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| Bypass valve | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. EVNT TOT | occur/ mo | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge Effluent gross | SAMPLE MEASUREMENT | ****** | | hr | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr | ****** | ****** | ****** | | | All Events | OCCURS |
| Duration of discharge | SAMPLE MEASUREMENT | ****** | | | ****** | ****** | ****** | | | AL/EV | OC |
| | PERMIT REQUIREMENT | ****** | Req. Mon. MAXIMUM | hr/d | ****** | ****** | ****** | | | All Events | OCCURS |
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**'9'-No sampling conducted this month/Unable to measure flow at this location**
**C-NODI / NO DISCHARGE**

## SOMERVILLE MARGINAL RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0103284 | C25 T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
CSO 205 - MONTHLY & QUARTERLY
External Outfall

*** NO DISCHARGE: X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| LC50 Static 48hr Acute C. dubia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Static 48hr Acute P. promelas Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | % | | 02/YR | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Mysid. Bahia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
| LC50 Pass/Fail Static 24hr Acute Menidia Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | ****** | | | | |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. MINIMUM | ****** | ****** | pass/fail | | Twice Per Year | COMP24 |
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| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | DATE |
|---|---|---|---|---|
| David Coppes<br>Chief Operating Officer | Parameter codes on DMR are incorrect.<br>LC50 of Freshwater acute 24 hour test for Ceriodaphnia dubia is reported under parameter code TAA3E.<br>LC50 of Freshwater acute 24 hour test for Pimephales promelas is reported under parameter code TAA6B. | See original form for signature | (617)788-4359 | 6/8/2022 |

**'9'-No sampling conducted this month/Unable to measure flow at this location**

# UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0101192 | 215A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
(SUBR E)
MWRA215
Internal Outfall ___

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

*** NO DISCHARGE [X]

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. AVERAGE | ****** | Req. Mon. MAXIMUM | mg/L | | Quarterly | GRAB-4 |
| PH Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | SU | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | 6.5 MINIMUM | ****** | 8.5 MAXIMUM | SU | | Quarterly | GRAB-4 |
| Solids, Total Suspended Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. AVERAGE | ****** | Req. Mon. MAXIMUM | mg/L | | Quarterly | GRAB-4 |
| Enterococcus, thermotel, MF, MTEC Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | CFU/100 mL | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. AVERAGE | ****** | Req. Mon. MAXIMUM | CFU/100 mL | | Quarterly | GRAB-4 |
| Rainfall Effluent Gross | SAMPLE MEASUREMENT | | | in | ****** | ****** | ****** | | | MEASD | TM |
| | PERMIT REQUIREMENT | Req. Mon. AV VALUE | Req. Mon. MX VALUE | in | ****** | ****** | ****** | | | Measured | TOTALZ |
| Chlorine, Total Residual Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | mg/L | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | 0.1 MON AV | ****** | 0.25 HR AV MX | mg/L | | Quarterly | GRAB-4 |
| Facility activations Effluent Gross | SAMPLE MEASUREMENT | | ****** | occur/ mo | ****** | ****** | ****** | | | MEASD | TM |
| | PERMIT REQUIREMENT | Req. Mon. EVNT TOT | ****** | occur/ mo | ****** | ****** | ****** | | | Measured | TOTALZ |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**

## UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

MAJOR
(SUBR E)
MWR215
Internal Outfall

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0101192 | 215A |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Flow, Total Effluent Gross | SAMPLE MEASUREMENT | | | Mgal | ****** | ****** | ****** | | | WH/DS | CN |
| | PERMIT REQUIREMENT | Req. Mon. AVERAGE | Req. Mon. MAXIMUM | Mgal | ****** | ****** | ****** | | | When Discharging | CONTIN |
| Coliform, fecal general Effluent Gross | SAMPLE MEASUREMENT | ****** | ****** | | | ****** | | CFU/100 mL | | 01/90 | G4 |
| | PERMIT REQUIREMENT | ****** | ****** | | 200 AVERAGE | ****** | 400 MAXIMUM | CFU/100 mL | | Quarterly | GRAB-4 |
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**'9'-NO SAMPLING CONDUCTED THIS MONTH**
**C-NODI / NO DISCHARGE**

## UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

**October-2024 DISCHARGE MONITORING REPORT (DMR)**

MAJOR
(SUBR E)
Toxicity
Internal Outfall

PERMITTEE NAME / ADDRESS
NAME MWRA
ADDRESS DEER ISLAND
33 TAFTS AVENUE
BOSTON MA 02128

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

| MA0101192 | 215T |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

*** NO DISCHARGE X

| MONITORING PERIOD | | | | | |
|---|---|---|---|---|---|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 24 | 10 | 1 | 24 | 10 | 31 |

| PARAMETER | | QUANTITY OR LOADING | | | QUANTITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| LC50 STATRE 48HR ACUTE MYSID. BAHIA EFFLUENT GROSS | SAMPLE MEASUREMENT | ****** | ****** | ******** | | ****** | ****** | % | | 02/YR | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req. Mon. DAILY MN | ****** | ****** | % | | Twice Per Year | COMP24 |
| LC50 STATRE 48HR ACUTE MENIDIA EFFLUENT GROSS | SAMPLE MEASUREMENT | ****** | ****** | ******** | | ****** | ****** | % | | 02/YR | 24 |
| | PERMIT REQUIREMENT | ****** | ****** | | Req Mon. MO AV MIN | ****** | ****** | % | | Twice Per Year | COMP24 |
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| NAME / TITLE PRINCIPAL EXECUTIVE OFFICER | | TELEPHONE | DATE |
|---|---|---|---|
| David Coppes<br>Chief Operating Officer | See original form for signature | (617)788-4359 | 6/8/2022 |

**'9'-NO SAMPLING CONDUCTED THIS MONTH**