

**COTTAGE FARM CSO**

**LAST UPDATED: October 1, 2025**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY MWRA  
LOCATION BOSTON MA 02129  
ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\*\* NO DISCHARGE \*\*\*\*

X
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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 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. AVG	MO 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

**COTTAGE FARM CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 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

MA0103284
PERMIT NUMBER


C01 A
DISCHARGE NUMBER

\*\*\*\*\* NO DISCHARGE \*\*\*\*\*

X
---

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: David Coppes

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	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	*****		hr/d	*****	*****	*****			AL/EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr/d	*****	*****	*****			All Events	OCCURS

'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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0103284
PERMIT NUMBER

C01 T
DISCHARGE NUMBER

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	25	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			
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
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		Parameter codes on DMR are incorrect. LC50 of Freshwater acute 24 hour test for Ceriodaphnia dubia is reported under parameter code TAA3E. LC50 of Freshwater acute 24 hour test for Pimephales promelas is reported under parameter code TAA6B.								TELEPHONE	DATE
Rebecca Weidman, Deputy Chief Operating Officer								See original form for signature		(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH

**PRISON POINT CSO**

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0103284
PERMIT NUMBER

C03 A
DISCHARGE NUMBER

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	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		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)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0103284
PERMIT NUMBER

C03 A
DISCHARGE NUMBER


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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE 

X
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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

'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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

MA0103284
PERMIT NUMBER

C03 T
DISCHARGE NUMBER


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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	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			
LC50 Static 48hr A. bahia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****	%	0	02/YR	CP
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Twice Per Year	COMP24
LC50 Static 48hr M. beryllina Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****	%	0	02/YR	CP
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Twice Per Year	COMP24
LC50 Pass/Fail Static 24hr A. bahia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	*****	pass/fail		Twice Per Year	COMP24
LC50 Pass/Fail Static 24hr M. beryllina Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	*****	pass/fail		Twice Per Year	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER	Parameter codes on DMR are incorrect. LC50 of Marine acute 24 hour test for Mysidopsis bahia is reported under parameter code TAA3B. LC50 of Marine acute 24 hour test for Menidia beryllina is reported under parameter code TAA3D.									TELEPHONE	DATE
Rebecca Weidman, Deputy Chief Operating Officer								See original form for signature		(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH

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

**SOMERVILLE MARGINAL CSO**  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0103284	C05 A
PERMIT NUMBER	DISCHARGE NUMBER

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

'9'
-----

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	*****	*****		'9'	*****	'9'	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	*****	*****		'9'	*****	'9'	SU		04/YR	GR
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Four Per Year	GRAB
Solids, Total Suspended Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'9'	*****	'9'	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	0.83	0.28	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	0.03	0.03	MGD	*****	*****	*****			99/99	CN
	PERMIT REQUIREMENT	Req. Mon. AVG	MO Req. Mon. DAILY MX	MGD	*****	*****	*****			Continuous	CONTIN
Chlorine, total residual Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'9'	*****	'9'	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	*****	*****		'9'	*****	'9'	mg/L		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)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0103284
PERMIT NUMBER

C05 A
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

'9'
-----

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	*****	'9'		*****	*****	*****			AL/EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. EVNT TOT	occur/ mo	*****	*****	*****			All Events	OCCURS
Duration of discharge Effluent gross	SAMPLE MEASUREMENT	*****	0.77	hr	*****	*****	*****			AL/EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr	*****	*****	*****			All Events	OCCURS
Duration of discharge	SAMPLE MEASUREMENT	*****	C		*****	*****	*****			AL/EV	OC
	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	hr/d	*****	*****	*****			All Events	OCCURS

'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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

MA0103284
PERMIT NUMBER

C05 T
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

'9'
-----

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 A. bahia Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'9'	*****	*****	%	0	02/YR	CP
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Twice Per Year	COMP24
LC50 Static 48hr Acute M. beryllina Effluent Gross	SAMPLE MEASUREMENT	*****	*****		'9'	*****	*****	%	0	02/YR	CP
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Twice Per Year	COMP24
LC50 Pass/Fail Static 24hr Acute A. bahia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	*****	pass/fail		Twice Per Year	COMP24
LC50 Pass/Fail Static 24hr Acute M. beryllina Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	*****	pass/fail		Twice Per Year	COMP24
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		Parameter codes on DMR are incorrect. LC50 of Marine acute 24 hour test for Mysidopsis bahia is reported under parameter code TAA3B. LC50 of Marine acute 24 hour test for Menidia beryllina is reported under parameter code TAA3D							See original form for signature	TELEPHONE	DATE
Rebecca Weidman, Deputy Chief Operating Officer										(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

MA0103284
PERMIT NUMBER

C25 A
DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	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 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. AVG	MO 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

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

**SOMERVILLE MARGINAL RELIEF OUTFALL**  
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

MA0103284  
 PERMIT NUMBER

C25 A  
 DISCHARGE NUMBER

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

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	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			
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

'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)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

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

MA0103284
PERMIT NUMBER


C25 T
DISCHARGE NUMBER

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

X
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LC50 Static 24hr C. dubia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****	%		02/YR	24
	PERMIT REQUIREMENT	*****	*****		Req. Mon. DAILY MN	*****	*****	%		Twice Per Year	COMP24
LC50 Static 24hr 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 C. dubia Effluent Gross	SAMPLE MEASUREMENT	*****	*****			*****	*****				
	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
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		Parameter codes on DMR are incorrect. LC50 of Freshwater acute 24 hour test for Ceriodaphnia dubia is reported under parameter code TAA3E. LC50 of Freshwater acute 24 hour test for Pimephales promelas is reported under parameter code TAA6B.							See original form for signature	TELEPHONE	DATE
Rebecca Weidman, Deputy Chief Operating Officer											(617)788-4359

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

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0101192
PERMIT NUMBER

215A
DISCHARGE NUMBER

MAJOR (SUBR E)  
 MWRA215  
 Internal Outfall \_\_\_\_\_

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

X
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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, thermotol, 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. VALUE	AV	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)

**August-2025 DISCHARGE MONITORING REPORT (DMR)**

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

MA0101192
PERMIT NUMBER

215A
DISCHARGE NUMBER

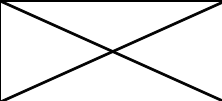
MAJOR  
 (SUBR E)  
 MWR215  
 Internal Outfall

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

X
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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

'9'-NO SAMPLING CONDUCTED THIS MONTH  
 C-NODI / NO DISCHARGE

**UNION PARK CSO**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**August-2025 DISCHARGE MONITORING REPORT (DMR)**

MAJOR  
 (SUBR E)  
 Toxicity  
 Internal Outfall

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

MA0101192
PERMIT NUMBER

215T
DISCHARGE NUMBER

FACILITY MWRA  
 LOCATION BOSTON MA 02129  
 ATTN: Rebecca Weidman, Deputy COO

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
25	8	1	25	8	31

\*\*\* NO DISCHARGE

<b>X</b>
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PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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
NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		See original form for signature							TELEPHONE	DATE	
Rebecca Weidman, Deputy Chief Operating Officer									(617)788-4359	6/8/2022	

'9'-NO SAMPLING CONDUCTED THIS MONTH