

COTTAGE FARM CSO

LAST UPDATED: December 9, 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 | 11 | 1 | 25 | 11 | 30 |

**** NO DISCHARGE ****

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| 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)
November-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 *****

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| X |
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FACILITY MWRA
 LOCATION BOSTON MA 02129
 ATTN: David Coppes

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 25 | 11 | 1 | 25 | 11 | 30 |

| 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 |
| | | | | | | | | | | | |
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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

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

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

| |
|---------------|
| MA0103284 |
| PERMIT NUMBER |


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|------------------|
| 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 | 11 | 1 | 25 | 11 | 30 |

*** 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 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 | | 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)
November-2025 DISCHARGE MONITORING REPORT (DMR)

| |
|---------------|
| 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 | 11 | 1 | 25 | 11 | 30 |

*** NO DISCHARGE

| |
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| 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 | | | |
| 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 | ***** | 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

PRISON POINT CSO

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

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

| |
|---------------|
| MA0103284 |
| PERMIT NUMBER |

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|------------------|
| 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 | 11 | 1 | 25 | 11 | 30 |

*** NO DISCHARGE

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| 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 |
| | | | | | | | | | | | |
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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

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

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

| |
|---------------|
| MA0103284 |
| PERMIT NUMBER |


| |
|------------------|
| C03 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 | 11 | 1 | 25 | 11 | 30 |

*** NO DISCHARGE

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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 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

SOMERVILLE MARGINAL CSO

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

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

| | |
|---------------|------------------|
| MA0103284 | C05 A |
| PERMIT NUMBER | 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 | 11 | 1 | 25 | 11 | 30 |

*** NO DISCHARGE

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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 | | | |
| BOD, 5-day (20 deg C) Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | | mg/L | 0 | 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 | 0 | 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 | ***** | ***** | ***** | | 0 | 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 | ***** | ***** | ***** | | 0 | 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 | 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)
November-2025 DISCHARGE MONITORING REPORT (DMR)

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

| |
|---------------|
| MA0103284 |
| PERMIT NUMBER |

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|------------------|
| C05 A |
| DISCHARGE NUMBER |

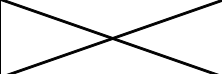
MAJOR (SUBR E)
 CSO 205 - MONTHLY & QUARTERLY
 External Outfall

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 25 | 11 | 1 | 25 | 11 | 30 |

*** 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 |
| | | | | | | | | | | | |
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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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
November-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 | 11 | 1 | 25 | 11 | 30 |

*** 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 A. bahia Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | | | ***** | ***** | % | 0 | 02/YR | CP |
| | PERMIT REQUIREMENT | ***** | ***** | | Req. Mon. DAILY MN | ***** | ***** | % | | Twice Per Year | COMP24 |
| LC50 Static 48hr Acute 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 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)
November-2025 DISCHARGE MONITORING REPORT (DMR)

| | |
|---------------|------------------|
| MA0103284 | C25 A |
| PERMIT NUMBER | 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 | 11 | 1 | 25 | 11 | 30 |

*** 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)
November-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 | 11 | 1 | 25 | 11 | 30 |

*** 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 |
| | | | | | | | | | | | |
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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)

November-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 | 11 | 1 | 25 | 11 | 30 |

*** 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 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 | 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)

November-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 | 11 | 1 | 25 | 11 | 30 |

*** NO DISCHARGE

| |
|----------|
| X |
|----------|

| 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 | | | |
| 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)

November-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 |

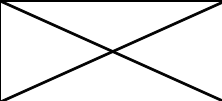
MAJOR
 (SUBR E)
 MWR215
 Internal Outfall

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

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| FROM | | | TO | | |
| YEAR | MO | DAY | YEAR | MO | DAY |
| 25 | 11 | 1 | 25 | 11 | 30 |

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

UNION PARK CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
November-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 | 11 | 1 | 25 | 11 | 30 |

*** 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 | | | |
| 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 | | | | | | | | 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