COTTAGE FARM CSO

LAST UPDATED: **July 7, 2026**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

June-2026 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: Rebecca Weidman, Deputy COO

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
26	6	1	26	6	30

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

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. 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

COTTAGE FARM CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

June-2026 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: Rebecca Weidman, Deputy COO

MA0103284	C01 A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
26	6	1	26	6	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

'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: Rebecca Weidman, Deputy COO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
June-2026 DISCHARGE MONITORING REPORT (DMR)

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
26	6	1	26	6	30

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)*

June-2026 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: Rebecca Weidman, Deputy COO

MA0103284
PERMIT NUMBER

C03 A
DISCHARGE NUMBER

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

*** NO DISCHARGE **X**

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
26	6	1	26	6	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	******	**'9'**		******	******	******			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

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

June-2026 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: Rebecca Weidman, Deputy COO

MA0103284	C05 A
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE **'9'**

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
26	6	1	26	6	30

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	**1.46**	**0.38**	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	**0.04**	**0.04**	MGD	******	******	******			99/99	CN
	PERMIT REQUIREMENT	Req. Mon. MO AVG	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)*

June-2026 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: Rebecca Weidman, Deputy COO

MA0103284	C05 A
PERMIT NUMBER	DISCHARGE NUMBER

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

*** NO DISCHARGE **'9'**

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
26	6	1	26	6	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	******	**'9'**		******	******	******			AL/EV	OC
	PERMIT REQUIREMENT	******	Req. Mon. EVNT TOT	occur/ mo	******	******	******			All Events	OCCURS
Duration of discharge Effluent gross	SAMPLE MEASUREMENT	******	**0.98**	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 RELIEF OUTFALL

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

June-2026 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: Rebecca Weidman, Deputy COO

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
26	6	1	26	6	30

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)*

June-2026 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: Rebecca Weidman, Deputy COO

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
26	6	1	26	6	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	******			******	******	******			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