COTTAGE FARM CSO

LAST UPDATED: **October 4, 2024**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

September-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	9	1	24	9	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 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)*

September-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	9	1	24	9	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	******	**C**	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

FACILITY MWRA
LOCATION BOSTON MA 02129
ATTN: David Coppes

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
September-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	9	1	24	24	30

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			TELEPHONE	DATE
David Coppes Chief Operating 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	(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

September-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	9	1	24	9	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	******		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)*

September-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	9	1	24	9	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
C-NODI / NO DISCHARGE

PRISON POINT CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

September-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 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	9	1	24	9	30

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
David Coppes Chief Operating 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	(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

September-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	9	1	24	9	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	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)*

September-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	9	1	24	9	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
C-NODI / NO DISCHARGE

SOMERVILLE MARGINAL CSO

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*
September-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 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	9	1	24	9	30

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

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
David Coppes 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)*

September-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	9	1	24	9	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)*

September-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
45536	45536	1	45536	45536	45565

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)*

September-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	9	1	24	9	30

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
David Coppes Chief Operating 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	(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)*

September-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	9	1	24	9	30

*** 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)*

September-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	9	1	24	9	30

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)*

September-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	215T
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR
(SUBR E)
Toxicity
Internal Outfall

*** NO DISCHARGE X

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
24	9	1	24	9	30

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

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
David Coppes Chief Operating Officer	See original form for signature	(617)788-4359	6/8/2022

'9'-NO SAMPLING CONDUCTED THIS MONTH