NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.28	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.095	.145	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	24.2	******	lb/d	509	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.32	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.238	.363	lb/d	< 5	< 5	< 5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	16.97	******	lb/d	357	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.066	.102	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Joseph Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		09/13/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.003	.007	lb/d	.06	******	.1	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.009	******	lb/d	.18	******	******	mg/L	1	Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	20	******	40	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	160	******	160	ug/L	1	Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.37	******	3	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0057	.0087	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.89	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.08	.13	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.34	******	lb/d	253	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.08	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.2	.33	lb/d	< 5	< 5	< 5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	17.16	******	lb/d	420	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.057	.09	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.003	.009	lb/d	.07	******	.14	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.008	******	lb/d	.19	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	40	******	40	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	160	******	160	ug/L	1	Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	4.66	******	13	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0049	.0078	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.92	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.067	.13	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.78	******	lb/d	323	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.16	******	7.59	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.17	.33	lb/d	< 5	< 5	< 5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	14.98	******	lb/d	449	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.047	.093	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jospeh Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		.0/24/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.003	.025	lb/d	.1	******	.38	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.016	******	lb/d	.47	******	******	mg/L	1	Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	33	******	40	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	60	******	80	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	10	******	48	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.004	.008	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jospeh Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		.0/24/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Jospeh Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		.0/24/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.43	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.052	.13	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.16	******	lb/d	277	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.56	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.052	.13	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.7	******	lb/d	414	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.036	.09	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Joseph Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		.2/07/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0013	.008	lb/d	.05	******	.12	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.014	******	lb/d	.54	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	40	******	4	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	50	******	50	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	3	******	9	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0031	.0077	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	2.84	mg/L	1	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.035	.048	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.47	******	lb/d	255	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.31	******	7.67	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.088	.121	lb/d	< 5	< 5	< 5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.5	******	lb/d	257	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.025	.034	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Joseph Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		01/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.001	.001	lb/d	.06	******	.05	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.009	******	lb/d	.54	******	******	mg/L	1	Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	46	******	60	ug/L	1	Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	50	******	50	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.16	******	2	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0021	.0029	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Joseph Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		01/11/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.027	.05	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2.92	******	lb/d	219	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.56	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.027	.05	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.19	******	lb/d	240	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.019	.035	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
joseph kowalczyk/ vice president	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		01/17/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.001	.003	lb/d	.08	******	.12	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.005	******	lb/d	.36	******	******	mg/L	1	Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	40	******	42	ug/L	1	Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	50	******	50	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0016	.003	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.97	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.038	.05	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	2	******	lb/d	104	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	7.48	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.096	.125	lb/d	< 5	< 5	< 5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.79	******	lb/d	198	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.96	1.25	lb/d	50	******	50	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.002	.004	lb/d	.11	******	.15	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.004	******	lb/d	.19	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	25	******	30	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	45	******	50	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0023	.003	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******					
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT										
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		******			******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******		******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT		******			******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT					******					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT					******					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT		******			******	******				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******		******					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******		******					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******		******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.99	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.017	.05	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	1.54	******	lb/d	185	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.57	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.04	.175	lb/d	< 5	< 5	7	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.43	******	lb/d	172	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	.012	.035	lb/d	< 1.4	******	< 1.4	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Joseph Kowalczyk/ Vice President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	nicole summa	(978)265-3796		04/24/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0009	.006	lb/d	.11	******	.22	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0009	******	lb/d	.11	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	20	******	20	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	20	******	20	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.8	******	9	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.001	3	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******	%	1	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.4	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.041	.136	lb/d	<= 4	<= 4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.7	******	lb/d	462	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.019	.136	lb/d	<= 2	<= 2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.4	******	lb/d	124	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .137	< .137	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(978)692-8010		05/16/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.023	.033	lb/d	.85	******	1.21	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00076	******	lb/d	.077	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	38	******	48	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	80	******	110	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.33	******	10	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0033	.0091	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.5	mg/L	22	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0464	.0464	lb/d	4	4	4	mg/L	9	Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.7	******	lb/d	448	******	******	mg/L	9	Twice per Week	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU	22	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.0024	.115	lb/d	2.222	2.25	4	mg/L	9	Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.34	******	lb/d	163	******	******	mg/L	9	Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .221	< .221	lb/d	< 5	******	< 5	mg/L	5	Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		06/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0034	.029	lb/d	.536	******	.68	mg/L	5	Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00077	******	lb/d	.06	******	******	mg/L	9	Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	26	******	26	ug/L	1	Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	150	******	.18	ug/L	2	Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	3.16	******	188	CFU/100 mL	9	Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00526	.00746	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******	%	9	Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	60	******	******	%	9	Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.058	.3	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	226	******	lb/d	417	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.029	.15	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.1	******	lb/d	205	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .27	< .27	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.029	.025	lb/d	.51	******	.54	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0021	******	lb/d	.13	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	28	******	33	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	145	******	190	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2	******	4	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0065	.009	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.5	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
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DMR Mailing ZIP CODE: 02193
MINOR
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TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.6	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.055	.29	lb/d	4.1	4.1	4.4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	213	******	lb/d	484	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.036	.436	lb/d	2.4	2.4	6	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	163	******	lb/d	370	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< 2.2	< 2.2	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0036	.031	lb/d	.608	******	.65	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0013	******	lb/d	.11	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	15	******	15	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	68	******	68	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2	******	168	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0053	.0087	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		08/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		08/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	25	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		09/12/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.067	.27	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.8	******	lb/d	442	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.107	.137	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.8	******	lb/d	215	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .23	< .23	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0044	.034	lb/d	.53	******	.63	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0022	******	lb/d	.12	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	17	******	17	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	94	******	94	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.7	******	5	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0051	.0083	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		09/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		09/15/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.1	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0365	.267	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.2	******	lb/d	569	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.018	.133	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.45	******	lb/d	154	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .37	< .37	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.2/02/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .037	< .037	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0011	******	lb/d	.111	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	24	******	24	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	86	******	86	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.3	******	120	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00425	.0087	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.2/02/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.2	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.115	.157	lb/d	4.02	4.02	4.2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	10.4	******	lb/d	415	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.017	.0786	lb/d	2.25	2.25	4	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.45	******	lb/d	242	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .133	< .133	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.00188	.0181	lb/d	.518	******	.57	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00277	******	lb/d	.097	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	30	******	30	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	78	******	78	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.7	******	226	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00326	.00749	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0966	.113	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.16	******	lb/d	272	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.048	.056	lb/d	< 2	< 2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.72	******	lb/d	164	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .113	< .113	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0158	.0213	lb/d	.64	******	.86	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0015	******	lb/d	.068	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	33	******	33	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	98	******	98	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.1	******	96	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00272	.0034	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.2/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0526	.0933	lb/d	4.4	6.6	6.6	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.95	******	lb/d	521	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.0238	.0427	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.5	******	lb/d	117	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .066	< .071	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0067	.0071	lb/d	.505	******	.52	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00099	******	lb/d	.074	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	28	******	28	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	20	******	20	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00159	.0029	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.168	.188	lb/d	6	6	7.6	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	35.5	******	lb/d	224	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.084	.185	lb/d	3.1	3.1	7.5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.7	******	lb/d	171	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .08	< .08	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The clarifier froze and, mixed liquor was removed from the aeration tank by Wind River Environmental resulting in no flow the first 2 weeks of the month. DMR data is based on flows from Jan 17,18,24,25, and 31. The mixed liquor was thin and cold and was not nitrifying.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.247	.461	lb/d	15.6	******	18.6	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0043	******	lb/d	.172	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	38	******	380	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******		******					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00191	.00297	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	87.5	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	85.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The clarifier froze and, mixed liquor was removed from the aeration tank by Wind River Environmental resulting in no flow the first 2 weeks of the month. DMR data is based on flows from Jan 17,18,24,25, and 31. The mixed liquor was thin and cold and was not nitrifying.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.16	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.116	.154	lb/d	4.42	4.42	11	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.33	******	lb/d	199	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.112	.119	lb/d	4.4	4.4	11	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.35	******	lb/d	292	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .075	< .124	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The clarifier remained frozen until Feb 21 2018. Influent flow was erratic. The temperature in the aeration tank remained in the low to mid 40s F. The mixed liquour was thin due to removal of 15000 gallons in January when the line between the aeration tank and clarifier froze. Data in March has shown improvement with increased mixed liquor concentrations and temperature.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.326	.481	lb/d	12.8	******	19.4	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00256	******	lb/d	.265	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	46	******	46	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	1350	******	1350	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00179	.00297	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89.8	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		03/13/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The clarifier remained frozen until Feb 21 2018. Influent flow was erratic. The temperature in the aeration tank remained in the low to mid 40s F. The mixed liquour was thin due to removal of 15000 gallons in January when the line between the aeration tank and clarifier froze. Data in March has shown improvement with increased mixed liquor concentrations and temperature.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.092	.124	lb/d	4.5	4.5	5	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.24	******	lb/d	396	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.047	.062	lb/d	2.1	2.1	2.5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.66	******	lb/d	193	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .124	< .124	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The treatment at the facility continues to improve. The initial aluminum sampling exceeded permitted limits at 278, but a sample taken later in the month at 114 was below the permitted limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0124	.0124	lb/d	.5	******	.5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.002	******	lb/d	.084	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	19.5	******	20	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	196	******	278	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.61	******	7	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00288	.00297	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	89.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ Hansen	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		04/15/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The treatment at the facility continues to improve. The initial aluminum sampling exceeded permitted limits at 278, but a sample taken later in the month at 114 was below the permitted limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The treatment at the facility continues to improve. The initial aluminum sampling exceeded permitted limits at 278, but a sample taken later in the month at 114 was below the permitted limit.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.2	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.122	.207	lb/d	4.1	4.1	4.6	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.5	******	lb/d	385	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.061	.103	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.14	******	lb/d	189	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .16	< .24	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .016	< .24	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0031	******	lb/d	.097	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	80.5	******	119	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	47	******	47	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	7.4	******	296	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00391	.0061	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	5.9	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.166	.24	lb/d	4.27	4.27	6.6	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	28.3	******	lb/d	718	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.08	.109	lb/d	2	2	2.5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	46	******	lb/d	1187	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .196	< .196	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0199	.022	lb/d	.507	******	.534	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00497	******	lb/d	.126	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	22	******	22	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	105	******	105	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	3.75	******	42	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00473	.0067	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		06/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.9	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.22	.33	lb/d	< 4	< 4	4.6	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.8	******	lb/d	375	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.108	.149	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.07	******	lb/d	182	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .25	< .37	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .025	< .037	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.031	******	lb/d	.62	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	46	******	62	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	82	******	82	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	6.4	******	> 400	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.006	.00895	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TREATED SANITARY WASTEWATER
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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.243	.425	lb/d	4.4	4.4	6.2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	15.7	******	lb/d	324	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.6	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.114	.152	lb/d	2.1	2.1	2.5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.07	******	lb/d	146	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .24	< .379	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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MA0032212	001-A
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TREATED SANITARY WASTEWATER
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No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0318	.0403	lb/d	.568	******	.774	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0146	******	lb/d	.251	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	28	******	28	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	143	******	143	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	6.6	******	328	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00581	.0091	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		08/11/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.8	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.225	.292	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.4	******	lb/d	401	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.115	.147	lb/d	2.05	2.05	2.5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	15	******	lb/d	294	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .25	< .36	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .025	< .036	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0085	******	lb/d	.167	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	23	******	23	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	135	******	151	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.78	******	16	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0061	.0087	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		09/14/2018
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.192	.243	lb/d	4	4	4.5	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	18.9	******	lb/d	420	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.5	******	8.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.094	.121	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	9.05	******	lb/d	201	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .225	< .304	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0264	.033	lb/d	.512	******	.55	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0064	******	lb/d	.136	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	29	******	29	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	205	******	205	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.4	******	20	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0054	.008	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.146	.257	lb/d	4.8	4.8	6	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.9	******	lb/d	339	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.0815	.236	lb/d	2.4	2.4	5.5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.85	******	lb/d	133	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .145	< .237	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.1/14/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.021	.024	lb/d	.52	******	.56	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0044	******	lb/d	.113	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	25	******	25	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	139	******	139	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.4	******	46	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00353	.00674	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	75	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8.7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.102	.13	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.9	******	lb/d	340	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.056	.11	lb/d	2.2	2.2	4.5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.87	******	lb/d	186	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .131	< .131	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The flow control mechanism set at the beginning of the month faulted over the first weekend allowing more than 3000 g allons. A repair was made and the effluent flow total were less than 3000 gallons. The laboratory data for influent TSS on Nov 21 showed a result of <2 mg/l. This produced the - 1.2 percent recovery. We are reviewing the laboratory data at the time of submission.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .013	< .013	lb/d	.5	******	.5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0023	******	lb/d	.088	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	19	******	19	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	93	******	93	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	3.01	******	40	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00314	.0046	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The flow control mechanism set at the beginning of the month faulted over the first weekend allowing more than 3000 g allons. A repair was made and the effluent flow total were less than 3000 gallons. The laboratory data for influent TSS on Nov 21 showed a result of <2 mg/l. This produced the - 1.2 percent recovery. We are reviewing the laboratory data at the time of submission.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.059	.085	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.29	******	lb/d	621	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.05	.209	lb/d	3.81	3.8	16.5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.32	******	lb/d	474	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .067	< .108	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		01/13/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0067	< .011	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.001	******	lb/d	.081	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	18	******	18	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	130	******	130	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0016	.00296	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	11.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.085	.104	lb/d	4.04	4.04	4.2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.99	******	lb/d	208	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.048	.099	lb/d	2.2	2.2	4	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.87	******	lb/d	150	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .095	< .124	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0095	< .0124	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0016	******	lb/d	.085	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	16	******	16	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	45	******	45	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0023	.00297	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	92.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	13	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.11	.27	lb/d	5.4	5.5	14.7	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.65	******	lb/d	313	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.11	.2	lb/d	3.8	4.4	10.5	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.6	******	lb/d	395	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .058	< .083	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.015	.044	lb/d	1.3	******	4.5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0014	******	lb/d	.121	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	35	******	35	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	124	******	124	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0015	.0024	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	90.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.069	.095	lb/d	4.2	4.2	5.4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.8	******	lb/d	839	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.8	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.033	.0035	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5.4	******	lb/d	329	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .085	< .088	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		04/15/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0085	.0082	lb/d	.52	******	.58	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0015	******	lb/d	.092	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	34	******	34	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	137	******	214	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	23.3	******	600	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00197	.00212	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.1	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.195	.67	lb/d	4.66	4.66	9.3	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	17.2	******	lb/d	410	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.0837	.14	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.95	******	lb/d	190	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .21	< .37	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.021	.022	lb/d	.52	******	.546	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0037	******	lb/d	.0892	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	96.7	******	123	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	134	******	226	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	8	******	140	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00502	.00875	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	88.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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05/01/2019	05/31/2019

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MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .122	< .133	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.5	******	lb/d	510	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .058	< .1	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	11	******	lb/d	338	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .162	< .25	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .016	< .025	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0027	******	lb/d	.082	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	56	******	56	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	77	******	77	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.2	******	5	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0039	.0132	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		06/14/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WESTON, MA 02193
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.144	.217	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	14.8	******	lb/d	468	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.076	.109	lb/d	2.1	2	3	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.02	******	lb/d	127	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .154	< .271	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .015	< .027	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0055	******	lb/d	.175	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	67	******	67	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	140	******	140	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	10.1	******	162	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0038	.0065	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.4	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.19	.252	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	7.24	******	lb/d	176	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.5	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .095	< .126	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.8	******	lb/d	189	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .2	< .3	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .02	< .03	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0068	******	lb/d	.167	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	64	******	64	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	96	******	96	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	4.9	******	198	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00493	.00847	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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LOCATION: 42 NEWTON ST
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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	81.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .215	.563	lb/d	< 4.6	< 4.6	8.8	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.8	******	lb/d	539	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .088	< .127	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.1	******	lb/d	288	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .32	< .51	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.032	.052	lb/d	.748	******	.804	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00534	******	lb/d	.116	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	57	******	57	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	75	******	75	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	14	******	226	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00463	.00767	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	91.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.1	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.096	.115	lb/d	< 4.1	< 4.1	4.8	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.6	******	lb/d	629	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	7	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .047	< .065	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.31	******	lb/d	291	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .11	< .16	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.011	.017	lb/d	.512	******	.53	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00325	******	lb/d	.14	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	51	******	51	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	84	******	84	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	12.4	******	248	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0026	.0053	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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10/01/2019	10/31/2019

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MINOR
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TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.3	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.0336	.081	lb/d	4.04	4	4.4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.8	******	lb/d	564	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.041	.096	lb/d	2.05	2	2.5	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.4	******	lb/d	281	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .078	< .121	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0083	.0048	lb/d	.53	******	.63	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00091	******	lb/d	.058	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	43	******	43	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	71	******	71	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.84	******	34	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00188	.00579	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.1/15/201
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.1/29/2019
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .048	< .085	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.2	******	lb/d	792	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.3	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .023	< .043	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	4.57	******	lb/d	392	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .058	< .11	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0058	< .011	lb/d	< .5	******	.51	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0013	******	lb/d	.098	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	19	******	19	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	115	******	115	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	7.6	******	54	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0014	.0026	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	10.6	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .086	< .116	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.61	******	lb/d	306	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7.4	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .042	< .058	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	11.3	******	lb/d	616	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .091	< .137	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0091	< .0137	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	< .00091	******	lb/d	< .05	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	34	******	34	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	321	******	321	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0022	.0048	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		01/14/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .0126	< .04	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.25	******	lb/d	390	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .0126	< .0199	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.29	******	lb/d	275	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .042	< .05	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.0045	.0062	lb/d	.775	******	.95	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00095	******	lb/d	.115	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	35	******	35	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	60	******	60	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.001	.0053	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	92.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	95.3	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.1	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .042	< .092	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.6	******	lb/d	683	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .021	< .046	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	3.44	******	lb/d	421	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .041	< .058	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0041	< .0058	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00082	******	lb/d	.083	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	42	******	42	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	64	******	64	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00098	.0028	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	95.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	80	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	8.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.081	< .18	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	6.44	******	lb/d	474	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	6.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.04	< .089	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	2.8	******	lb/d	208	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .067	< .18	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0067	< .018	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0013	******	lb/d	.076	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	68	******	68	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	27	******	27	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.8	******	15	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00163	.00535	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.1	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		04/15/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.8	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .071	< .169	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16.2	******	lb/d	918	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .036	< .084	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.39	******	lb/d	420	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .088	< .21	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .009	.0076	lb/d	.51	******	.57	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0018	******	lb/d	.102	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	71	******	71	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	< 200	******	< 200	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.53	******	7	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00211	.0051	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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MA0032212	001-A
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(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.4	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.059	.133	lb/d	4.3	4.3	5.4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	3.74	******	lb/d	338	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.026	.055	lb/d	2	2	2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	1.62	******	lb/d	146	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .055	< .13	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0055	< .013	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0021	******	lb/d	.139	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	100	******	100	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	61	******	61	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.25	******	6	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00133	.0033	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DMR Mailing ZIP CODE: 02193
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External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.5	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .117	< .195	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32	******	lb/d	1164	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	6.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .059	< .1	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	21	******	lb/d	763	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .14	< .15	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		07/15/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.021	.025	lb/d	.566	******	.75	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0032	******	lb/d	.109	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	47	******	47	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	< 60	******	< 60	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	1.2	******	4	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003322	.00593	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.4	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .15	< .21	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.5	******	lb/d	675	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .077	< .104	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	10.5	******	lb/d	315	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .166	< 2.6	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.022	.026	lb/d	.5	******	.51	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.004	******	lb/d	.107	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	47	******	47	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	66	******	66	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.1	******	22	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0041	.0064	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.9	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.4	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .15	< .209	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	41.2	******	lb/d	1307	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .077	< .104	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	69.2	******	lb/d	2184	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .16	< .25	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		09/15/2020
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.027	.031	lb/d	.662	******	.83	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0059	******	lb/d	.152	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	76	******	76	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	60	******	60	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	10.3	******	600	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0038	.0062	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.9	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	94.1	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.3	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .15	< .25	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.6	******	lb/d	926	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.6	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .073	< .122	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	15.8	******	lb/d	570	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .14	< .31	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.024	< .31	lb/d	.558	******	.73	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.008	******	lb/d	.24	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	110	******	110	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	.071	******	.071	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	18.3	******	250	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00332	.0074	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.4	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.8	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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DISCHARGE MONITORING REPORT (DMR)

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10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	6.7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .12	.09	lb/d	4	4	4.2	mg/L		Twice per Week	24 Hour Composite
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	22.4	******	lb/d	791	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.8	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .058	< .088	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	7.9	******	lb/d	279	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .15	< .22	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.015	.032	lb/d	.6	******	.75	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0071	******	lb/d	.254	******	******	mg/L		Twice per Week	24 Hour Composite
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	70	******	70	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	67	******	67	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	8.8	******	96	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00341	.0053	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	98.7	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		.1/14/202(
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
DOMESTIC WASTEWATER/WET
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LC50 Static 48Hr Acute Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
LC50 Static 48Hr Acute Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TAA6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	100 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite
Noel Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	> 100	******	******	%		See Permit	24 Hour Composite
TBP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	25 DAILY MN	******	******	%		See Permit	24 Hour Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
WET: TEST MONTHS ARE: JULY and October. SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.061	.18	lb/d	4.9	4.8	7.2	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	12.2	******	lb/d	976	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.2	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	.038	.135	lb/d	2.1	2	3	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.4	******	lb/d	513	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .062	< .167	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.011	.13	lb/d	.875	******	1.32	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.0035	******	lb/d	.283	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	80	******	80	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	60	******	60	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	2.5	******	16	CFU/100 mL		Twice per Week	Grab
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0015	.0054	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	99.1	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	97.7	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .04	.103	lb/d	4	4	4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9.7	******	lb/d	725	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.7	******	7.1	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .02	< .05	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	25.1	******	lb/d	1881	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .07	< .17	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		01/15/202
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	.008	.13	lb/d	.61	******	.77	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.003	******	lb/d	.23	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	53	******	53	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	87	******	87	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0016	.0073	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	96.6	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.6	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	7.3	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .023	< .086	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.3	******	lb/d	696	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.5	******	7	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .011	< .043	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	6.1	******	lb/d	985	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .031	< .027	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		02/12/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193

ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0031	< .0027	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00099	******	lb/d	.161	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	32	******	32	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	130	******	130	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.00074	.0031	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	93.3	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99.5	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	9.6	mg/L		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	< .021	< .029	lb/d	< 4	< 4	< 4	mg/L		Twice per Week	24 Hour Composite
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	4.68	******	lb/d	935	******	******	mg/L		Monthly	24 Hour Composite
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	6.3	******	6.9	SU		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	< .01	< .014	lb/d	< 2	< 2	< 2	mg/L		Twice per Week	24 Hour Composite
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	5	******	lb/d	999	******	******	mg/L		Monthly	24 Hour Composite
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	< .025	< .035	lb/d	< 5	******	< 5	mg/L		Weekly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The treatment facility was decommissioned on Feb 19, 2021. A new treatment facility was constructed with discharge into the groundwater.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< .0025	< .0035	lb/d	< .5	******	< .5	mg/L		Weekly	24 Hour Composite
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	.00085	******	lb/d	.122	******	******	mg/L		Weekly	24 Hour Composite
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	23	******	23	ug/L		Monthly	24 Hour Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	< 60	******	< 60	ug/L		Monthly	24 Hour Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.0006	.00084	MGD	******	******	******	******		Continuous	Recorder (auto)
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	97.2	******	******	%		Monthly	Calculated
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98.4	******	******	%		Monthly	Calculated
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The treatment facility was decommissioned on Feb 19, 2021. A new treatment facility was constructed with discharge into the groundwater.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 2				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00310 1 1 Effluent Gross	PERMIT REQUIREMENT	.13 MO AVG	.18 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00530 1 1 Effluent Gross	PERMIT REQUIREMENT	.18 MO AVG	.3 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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FACILITY: PINE BROOK COUNTRY CLUB
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MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00665 1 1 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.2 MO AVG	******	******	mg/L		Weekly	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 2	NODI 2		******	******	******	******			
50050 1 1 Effluent Gross	PERMIT REQUIREMENT	.003 MO AVG	Req. Mon. DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 2				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Steven Hansen/ President	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Steven Hansen	(603)434-8134		05/17/2021
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REPORT AVERAGE MONTHLY AND MAXIMUMDAILY FLOW RATES FOR THE MONTH. WET DATA ON DMR 001T. SAMPLE AT AREPRESENTATIVE POINT PRIOR TO REACHING RECEIVING STREAM.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: PINE BROOK COUNTRY CLUB
ADDRESS: 42 NEWTON ST
WESTON, MA 02193
FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

MA0032212	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 2	NODI 2		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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FACILITY: PINE BROOK COUNTRY CLUB
LOCATION: 42 NEWTON ST
WESTON, MA 02193
ATTN: RONALD PASSAGGIO, GENERAL MGR.

PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	******	******	******	******	NODI 2				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	******	5 MINIMUM	mg/L		Daily	Grab
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	.25 MO AVG	.53 DAILY MX	lb/d	5 MO AVG	Req. Mon. WKLY AVG	7 DAILY MX	mg/L		Twice per Week	24 Hour Composite
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
pH	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.5 MINIMUM	******	8.3 MAXIMUM	SU		Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	NODI 2	NODI 2				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	.35 MO AVG	.9 DAILY MX	lb/d	7 MO AVG	Req. Mon. WKLY AVG	12 DAILY MX	mg/L		Twice per Week	24 Hour Composite
Solids, total suspended	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	******	lb/d	Req. Mon. MO AVG	******	******	mg/L		Monthly	24 Hour Composite
Oil & Grease	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	Req. Mon. MO AVG	******	Req. Mon. DAILY MX	mg/L		Weekly	Grab

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DISCHARGE MONITORING REPORT (DMR)

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MA0032212	001-A
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05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 02193
MINOR
(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	NODI 2	NODI 2		NODI 2	******	NODI 2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	1 MO AVG	******	1.5 DAILY MX	mg/L		Weekly	24 Hour Composite
Phosphorus, total [as P]	SAMPLE MEASUREMENT	NODI 2	******		NODI 2	******	******				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	.005 MO AVG	******	lb/d	.1 MO AVG	******	******	mg/L		Twice per Week	24 Hour Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	35 MO AVG	******	55 DAILY MX	ug/L		Monthly	24 Hour Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	140 MO AVG	******	Req. Mon. DAILY MX	ug/L		Monthly	24 Hour Composite
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	NODI 2				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	126 MOAV GEO	******	409 DAILY MX	CFU/100 mL		Twice per Week	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 2	NODI 2		******	******	******	******			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	.008 MO AVG	.009 DAILY MX	MGD	******	******	******	******		Continuous	Recorder (auto)
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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PERMIT NUMBER	DISCHARGE NUMBER
MA0032212	001-A

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

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(SUBR E)
TREATED SANITARY WASTEWATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	NODI 2	******	******				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	******	******	******	85 DAILY MN	******	******	%		Monthly	Calculated

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