

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: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	001A
PERMIT NUMBER	DISCHARGE NUMBER

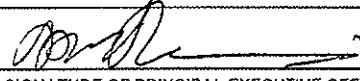
DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
NORTH OUTFALL - STORMWATER
External Outfall

Page 1

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01	TO	08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.14	1.76		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.70	*****	7.70				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		27	*****	27				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		130	*****	130				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.61	*****	0.61				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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		
			617 568-3525	08	05	15	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	YEAR	MO	DAY

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

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 2

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ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN: KEITH L BEASLEY, ENF. PROJ. MGR.

MA0000787	001A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
NORTH OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		7,300	*****	7,300				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 3

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

002A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
WEST OUTFALL - STORMWATER
External Outfall

FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

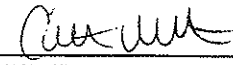
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	0.40	6.09		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.73	*****	7.73				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		17	*****	17				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	5				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotof, MF, MTEC	SAMPLE MEASUREMENT	*****	*****		150	*****	150				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS)	SAMPLE MEASUREMENT	*****	*****		0.12	*****	0.12				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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		617 568-3525	08	05	15	AREA Code	NUMBER	YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								

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

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ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	002A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
WEST OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	74055 1 0 Effluent Gross	*****	*****		690	*****	690				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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		617 568-3525		08	05	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

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ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

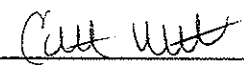
MA0000787	003A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
PORTER ST OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.18	2.23		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.60	*****	7.83				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		76	*****	130				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.1				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotof, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		375	*****	550				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.13	*****	0.18				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
effective 5 months after 10-1-07.

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 6

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR

(SUBRE)

PORTER ST OUTFALL - STORMWATER

External Outfall

FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

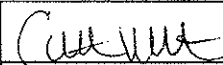
FROM

TO

No Discharge

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		610	*****	1,600				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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		617 568-3525	08	05	15	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
effective 5 months after 10-1-07.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 7

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

004A
DISCHARGE NUMBER

FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
08 04 01 TO 08 04 30

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
MAVERICK ST OUTFALL-STORMWATER
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			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.02	0.23		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.80	*****	7.80				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		54	*****	54				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	8.2				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		1,700	*****	1,700				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.31	*****	0.31				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	004A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
MAVERICK ST OUTFALL-STORMWATER
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		2,000	*****	2,000				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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Page 9

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BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN: KEITH L BEASLEY, ENF. PROJ. MGR.

MA0000787	001B
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
North Deicing
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
07	10	01		08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	>2,200			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Ammonia nitrogen, total, (as N) 30 day 00609 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.2			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Nonyl phenoxypoly ethanol 51178 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.22				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Twice Every Season	GRAB
Propylene glycol, total 61163 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	13			3	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	4,600			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Ethylene glycol 81688 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	20			3	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Tolytriazole 85813 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.84				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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		
		617 568-3525		08	05	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

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)

Page 10

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	002B
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
West Deicing
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
07	10	01	TO	08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	550			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Ammonia nitrogen, total, (as N) 30 day 00609 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.8			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Nonyl phenoxy poly ethanol 51178 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.28				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Twice Every Season	GRAB
Propylene glycol, total 61163 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	59			3	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1,000			4	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Ethylene glycol 81688 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	43			3	
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Tolytriazole 85813 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.03				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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		
		617 568-3525		08	05	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0034

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 11

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

001C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
North Dry
External Outfall

FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		26	*****	26				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	9.3				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<5.0	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.55	*****	0.55				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		590	*****	590				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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		
		617 568-3525		08	05	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

Page 12

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

FACILITY: LOGAN INTERNATIONAL AIRPORT

LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787
PERMIT NUMBER

002C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
West Dry
External Outfall


MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

FROM

TO

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		23	*****	23				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	19		1		
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31833 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.07	*****	0.07				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		200	*****	200				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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	TELEPHONE		DATE		
			617 568-3525	08	05	15	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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)

Page 13

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

003C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Porter Street Dry
External Outfall

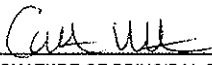
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	04	01		08	04	30

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		71.5	*****	160				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	20				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		17.0	*****	40				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.11	*****	0.13				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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		
		617 568-3525		08	05	15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		AREA Code	NUMBER	YEAR	MO	DAY

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

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)

Page 14

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

004C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Maverick Street Dry
External Outfall

FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

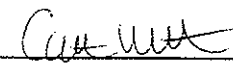
FROM

TO

No Discharge

ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		12	*****	12				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.4				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		10	*****	10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<0.05	*****	<0.05				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		10	*****	10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Asst. Director of Capital Programs TYPED OR PRINTED	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	TELEPHONE		DATE		
			617 568-3525	08 05 15	AREA Code	NUMBER	YEAR

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

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: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN:KEITH L BEASLEY, ENF.PROJ.MGR.

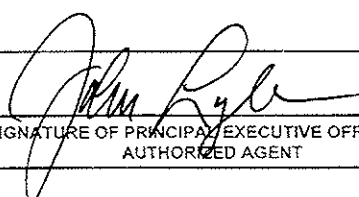
MA0000787	001D
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
North internal tanks
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		2	*****	2				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		*****	*****	5				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		5	*****	5				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	4959.47	81,906.11		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN LYLE TYPED OR PRINTED	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 	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY

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

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: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN: KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	001E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
North internal tanks
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	04	01	08	04	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		8	*****	8				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****			*****	5				
	PERMIT REQUIREMENT	*****	*****			*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		5	*****	5				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	306.67	2,200								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	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		
		AREA Code	NUMBER	YEAR	MO	DAY
JOHN LYLE		017-561-9700		2008	5	14
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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