

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 12

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

MA0000787  
PERMIT NUMBER

001A  
DISCHARGE NUMBER

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

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	29

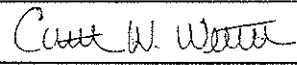
FROM

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			
Flow rate	SAMPLE MEASUREMENT	1.05	8.93		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.00	*****	7.00				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		39	*****	39				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	*****	*****		90	*****	90				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		<2.0	*****	<2.0				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS)	SAMPLE MEASUREMENT	*****	*****		0.28	*****	0.28				
38260 1 0 Effluent Gross	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	03	14	
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)  
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BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

001A
DISCHARGE NUMBER

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

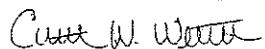
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
FROM 08	02	01	TO	08	02	29

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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		690	*****	690				
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 03 14	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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DISCHARGE MONITORING REPORT (DMR)

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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

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	YEAR	MO	DAY	
08	02	01	TO	08	02	29

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			
Flow rate	SAMPLE MEASUREMENT	3.80	32.85		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.00	*****	7.00				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		29	*****	29				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	*****	*****		20	*****	20				
31833 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		<2.0	*****	<2.0				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS)	SAMPLE MEASUREMENT	*****	*****		0.16	*****	0.16				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Catherine Wetherell</i>		AREA Code	NUMBER	YEAR	MO	DAY

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BOSTON, MA 02128-2909

MA0000787  
PERMIT NUMBER

002A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

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

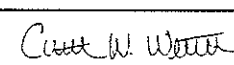
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	02	01	FROM	08	02	29
			TO			

MINOR  
(SUBRE)  
WEST OUTFALL - STORMWATER  
External Outfall

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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		2,300	*****	2,300				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	YEAR	MO	DAY

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Page 16

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BOSTON, MA 02128-2909

MA0000787  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR

(SUBRE)

MAVERICK ST OUTFALL-STORMWATER

External Outfall

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	29

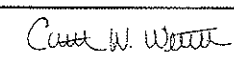
FROM

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			
Flow rate	SAMPLE MEASUREMENT	0.29	2.48		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		8.06	*****	8.06				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		260	*****	260		1		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	17				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L	1	Monthly	GRAB
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	*****	*****		2,200	*****	2,200				
31633 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		<2.0	*****	<2.0				
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS)	SAMPLE MEASUREMENT	*****	*****		0.51	*****	0.51				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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NAME: MASSPORT AUTHORITY - LOGAN  
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BOSTON, MA 02128-2909

MA0000787  
PERMIT NUMBER

004A  
DISCHARGE NUMBER

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

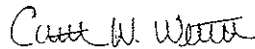
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	02	01	FROM	08	02	29
			TO			

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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		9,400	*****	9,400				
74055 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	YEAR	MO	DAY

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Page 18

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

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

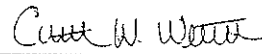
MINOR  
(SUBRE)  
North Dry  
External Outfall

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	02	01	TO	08	02	29

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	*****	*****		67	*****	67				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	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	*****	*****		<2.0	*****	<2.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.06	*****	0.06				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		3,600	*****	3,600				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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

MA0000787  
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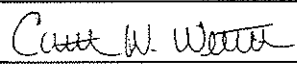
002C  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	02	01	08	02	29

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	*****	*****		60	*****	60				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 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	*****	*****		<2.0	*****	<2.0				
	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	*****	*****		230	*****	230				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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			617 568-3525	08 03 14			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	YEAR	MO	DAY

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DISCHARGE MONITORING REPORT (DMR)

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Page 20

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

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

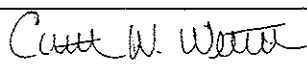
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	02	01	TO	08	02	29

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	*****	*****		75	*****	75				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		220	*****	220				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<2.0	*****	<2.0				
	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	*****	*****		580	*****	580				
	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	03	14	
		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

MAD000787  
PERMIT NUMBER

001D  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
North internal tanks  
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	02	01		08	02	29

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			
pH	SAMPLE MEASUREMENT	*****	*****			*****	6.3				
00400 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****			*****	29				
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****			*****	14				
00556 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****			*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****			*****	19				
34030 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total	SAMPLE MEASUREMENT	17,983	125,035			*****	*****				
82220 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d		*****	*****			Monthly	ESTIMA

FEB 14, 2008

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
Beasley, Keith L			617	561-970	08	03	13

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	TO	YEAR	MO	DAY
08	02	01		08	02	29

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	*****	*****				6.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****				30				
	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	*****	*****				7				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****				20				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	490	4,500								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Monthly	ESTIMA

FEB 14, 08

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <i>Renee Hour GM</i> 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		
		617-561-9700	08	03	13	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>

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