

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 23

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

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

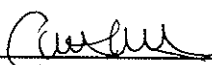
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	03	01	TO	08	03	31

MINOR
(SUBRE)
NORTH 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			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.49	6.04		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mga/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.75	*****	7.75				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		45	*****	45				
	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, thermotoi, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		80	*****	80				
	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	*****	*****		0.10	*****	0.10				
	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	04	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)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 24

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

MAD000787
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)

NORTH OUTFALL - STORMWATER
External Outfall

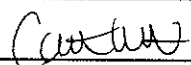
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	08	03	01	TO	08	03	31

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	*****	*****		870	*****	870				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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Page 25

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

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

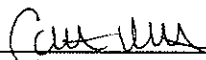
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	03	01	TO	08	03	31

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			
Flow rate	SAMPLE MEASUREMENT	1.80	22.21		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		6.56	*****	6.56				
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	*****	*****		*****	*****	<5.0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC	SAMPLE MEASUREMENT	*****	*****		<10	*****	<10				
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	*****	*****		0.11	*****	0.11				
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	04	15	
			AREA Code	NUMBER	YEAR	MO	DAY

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

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Page 26

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.

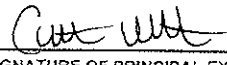
MA0000787	002A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

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	*****	*****		120	*****	120				
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	04	15	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER	YEAR	MO	DAY

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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	03	01	FROM	08	03	31

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	NODI (8)	NODI (8)		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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		617 568-3525		08	04	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. NODI(8) - not required in permit

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

Page 28

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.

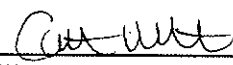
MA0000787	003A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
08	03	01	TO	08	03	31

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	*****	*****		NODI (8)	*****	NODI (8)				
74055 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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			617 568-3525	08	04	15	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

004A
DISCHARGE NUMBER

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

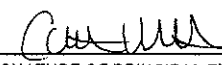
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

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	0.137	1.67		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Monthly	ESTIMA	
pH	SAMPLE MEASUREMENT	*****	*****		7.34	*****	7.34				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU	Monthly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		27	*****	27				
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	*****	*****		100	*****	100				
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	*****	*****		0.11	*****	0.11				
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 04 15	AREA Code	NUMBER	YEAR
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							

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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.

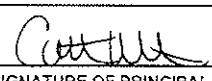
MA0000787	004A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	03	01	FROM	08	03	31
			TO			

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 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		280	*****	280				
	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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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

Page 31

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

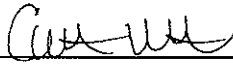
MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
08	03	01			08	03	31

MINOR
(SUBRE)
North Dry
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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		45	*****	45				
	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	*****	*****		20	*****	20				
	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	*****	*****		0.11	*****	0.11				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		390	*****	390				
	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		
			AREA Code	NUMBER	YEAR	MO	DAY
		617 568-3525		08	04	15	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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 32

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

MA0000787
PERMIT NUMBER

002C
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

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

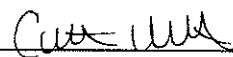
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	03	01	08	03	31

MINOR
(SUBRE)
West Dry
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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		19	*****	19				
	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	*****	*****		280	*****	280				
	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	*****	*****		0.12	*****	0.12				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		210	*****	210				
	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 persons 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)

Page 33

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

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

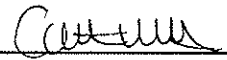
MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	03	01	TO	08	03	31

MINOR
(SUBRE)
Porter Street Dry
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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
E. coli, thermotol, MF, MTEC 31633 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	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 persons 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	04	15	
			AREA Code	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NODI (8) - not required in permit

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 34

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

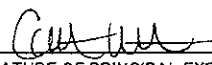
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
08	03	01			08	03	31

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	*****	*****		12	*****	12				
	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	*****	*****		<0.05	*****	<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 persons 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)

Page 35

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.

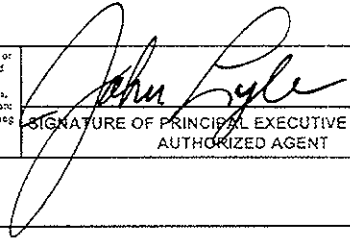
MA0000787	001D
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD							
YEAR	MO	DAY		YEAR	MO	DAY	
FROM	08	03	01	TO	08	03	31

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	*****	*****		7.0	*****	7.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		13	*****	13				
	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	15,982.90	18,182.90		*****	*****	*****				
	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
			617	561-9700	2008	4	15

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

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

Form Approved
OMS No. 2040-0004

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

Page 36

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.

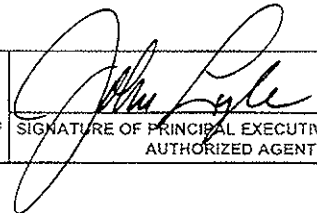
MA0000787	001E
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	03	01	TO	08	03	31

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	*****	*****		5.0	*****	5.0				
00400 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		18	*****	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		18	*****	18				
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	41				
00556 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		13	*****	13				
34030 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total	SAMPLE MEASUREMENT	706.129	5,200		*****	*****	*****				
82220 Y 0 Effluent Gross (Supplementary)	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 falsification.	TELEPHONE		DATE		
		617-561-9700	2008	4	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)