

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

Form Approved  
CMS No. 2040-0004

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

Page 1

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

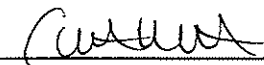
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	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	0.31	5.29		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		NODI (G)	*****	NODI (G)				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		33	*****	33				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	9.3				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		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	*****	*****		0.23	*****	0.23				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		NODI (H)	*****	NODI (H)				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director of Capital Program 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)  
 NODI (G) - Sampling Equipment Failure      NODI (H) - Invalid Test

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

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	TO	08	05	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 (H)	*****	NODI (H)				
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	06	12
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

NODI (H) - Invalid Test

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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.

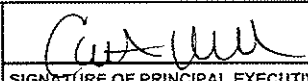
MA0000787	001C
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

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	*****	*****		24	*****	24				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		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
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		70	*****	70				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		240	*****	240				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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			617 568-3525	08	06	12	
			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.

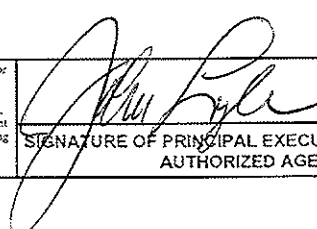
MA0000787	001D
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	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	*****	*****		6.6	*****	6.6				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		5	*****	5				
	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	5430	55000		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>JOHN LYLE</b> 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)

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DISCHARGE MONITORING REPORT (DMR)

Form Approved  
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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

001E  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	05	01	08	05	31

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			
pH 00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		4.2	*****	4.2				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		19	*****	19				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		19	*****	19				
	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	*****	*****		50	*****	50				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	233	5,000		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****			Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR

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 6

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	05	01	FROM	08	05	31
						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			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.06	18.83		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (G)	*****	NODI (G)				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
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	*****	*****		*****	*****	9.4				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		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	*****	*****		0.20	*****	0.20				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (H)	*****	NODI (H)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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		617 568-3525	08	06	12	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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

NODI (G) - Sampling Equipment Failure

NODI (H) - Invalid Test

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

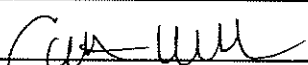
MA0000787	002A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	TO	08	05	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 (H)	*****	NODI (H)				
74055 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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BOSTON, MA 02128-2909

MA0000787  
PERMIT NUMBER

002C  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR

(SUBRE)

West 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	05	01	TO	08	05	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	SAMPLE MEASUREMENT	*****	*****		13	*****	13				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.0				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	mg/L		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	*****	*****		0.06	*****	0.06				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		30	*****	30				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		1,000	*****	1,000				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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



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

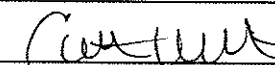
MA0000787	003A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	FROM	08	05	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			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.05	1.48		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (G)	*****	NODI (G)				
	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		220	*****	440				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	17				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		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	*****	*****		0.17	*****	0.2				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (H)	*****	NODI (H)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director of Capital Program 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	06	12	
AREA Code	NUMBER	YEAR	MO	DAY			

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

effective 5 months after 10-1-07. NODI (G) - Sampling Equipment Failure

NODI (H) - Invalid Test

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	003A
PERMIT NUMBER	DISCHARGE NUMBER


MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	FROM	08	05	31
			TO			

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

Page 10

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director of Capital Program 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
		617 568-3525		08	06	12	

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

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

Form Approved  
OMS No. 2043-0004

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

003C  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
Porter Street Dry  
External Outfall

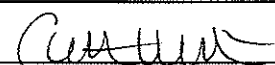
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	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	*****	*****		5.1	*****	10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.5				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<17.3	*****	<50				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		1.6	*****	4.7				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		13	*****	20				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		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, Deputy Director of Capital Program 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 617 568-3525	DATE 08 06 12		
			AREA Code	NUMBER	YEAR
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 12

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

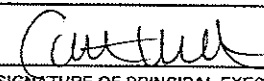
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	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	0.05	0.75		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		NODI (G)	*****	NODI (G)				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		23	*****	23				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.2				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		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	*****	*****		0.06	*****	0.06				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		NODI (H)	*****	NODI (H)				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

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			AREA Code	NUMBER	YEAR	MO	DAY

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

NODI (G) - Sampling Equipment Failure

NODI (H) - Invalid Test

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

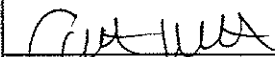
MA0000787	004A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	05	01	TO	08	05	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 (H)	*****	NODI (H)				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director of Capital Program 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
		617 568-3525		08	06	12	

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

NODI (H) - Invalid Test

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

MA0000787	004C
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	05	01		08	05	31

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	*****	*****		7.4	*****	7.4				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.0	*****	<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	*****	*****		0.06	*****	0.07				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		417	*****	1,000				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy 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	06	12	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	YEAR	MO	DAY

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