

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
PERMIT NUMBER

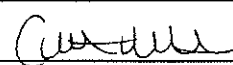
001Q
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	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			
Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	18.23				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Quarterly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.4				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.1				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.2				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	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	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

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

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

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

MA0000787	001Q
PERMIT NUMBER	DISCHARGE NUMBER

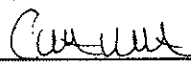
DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
North quarterly
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	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			
Dibenzo(a,h)anthracene	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.43				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	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	04	15	AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OMB No. 2040-0004

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

Page 39

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

MA0000787
PERMIT NUMBER

002Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
West quarterly
External Outfall

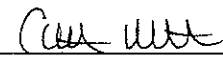
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	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			
Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.259				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Monthly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.17				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.12				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.089				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/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)

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 40

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

MA0000787
PERMIT NUMBER

002Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
West quarterly
External Outfall

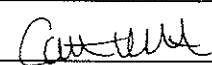
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
08	01	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			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.88				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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			AREA Code	NUMBER	YEAR	MO	DAY
		617 568-3525		08	04	15	

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 41

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

MA0000787
PERMIT NUMBER

004Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Marerick Street quarterly
External Outfall


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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	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			
Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	ND				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Monthly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.052				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		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)

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.

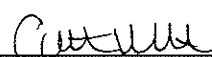
MA0000787	004Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909
MINOR
(SUBRE)
Mareck Street quarterly
External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	01	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			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.10				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/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)

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

Form Approved
CWS No. 2040-C034

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

Page 40

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

MA0000787
PERMIT NUMBER

005Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

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


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

MINOR
(SUBRE)
Northwest Quarterly
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			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....		6.81	.....	6.81				
	PERMIT REQUIREMENT	.....	.....		Req. Mon. MINIMUM	.....	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....		16.	.....	16.				
	PERMIT REQUIREMENT	.....	.....		Req. Mon. MO AVG	.....	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....		<5.0	.....	<5.0				
	PERMIT REQUIREMENT	.....	.....		Req. Mon. MO AVG	.....	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.01	0.17		.....	.....	.....	
	PERMIT REQUIREMENT	Req. Mon. MC AVG	Req. Mon. DAILY MX	Mgal/d	.....	.....	.....			Quarterly	ESTIMA

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 knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment, for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY

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

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

Form Approved
OAS No. 2040-5004

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

Page 41

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02126-2908
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128
ATTN: KEITH L BEASLEY, ENF. PROJ. MGR.

MA0000787	0060
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Runway Perimeter: Quarterly
Sum

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

FROM 08 01 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 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	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		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		NODI (8)	*****	NODI (8)				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI (8)	NODI (8)		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	ESTIMA

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 the 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	AREA Code	NUMBER	YEAR	MO	DAY

Catherine Wetherell
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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