

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 38

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

MA0000787  
PERMIT NUMBER

001Q  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
North quarterly  
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	04	01	TO	08	06	30

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Quarterly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<6.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director, Capital Programs & Environmental Affairs 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		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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BOSTON, MA 02128-2909

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DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
North quarterly  
External Outfall

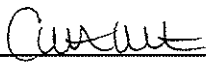
FACILITY: LOGAN INTERNATIONAL AIRPORT  
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
West quarterly  
External Outfall

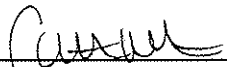
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
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Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Monthly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<6.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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			617 568-3525	08	07	15	AREA Code	NUMBER

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MA0000787  
PERMIT NUMBER

002Q  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
West quarterly  
External Outfall

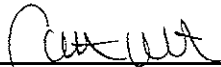
FACILITY: LOGAN INTERNATIONAL AIRPORT  
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MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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PERMIT NUMBER

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MINOR  
(SUBRE)  
Porter Street quarterly  
External Outfall

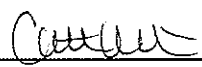
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Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<6.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
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External Outfall

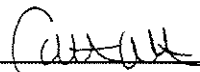
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	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
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08	04	01	08	06	30

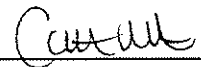
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Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
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Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.9				
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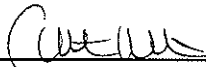
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**FACILITY:** LOGAN INTERNATIONAL AIRPORT  
**LOCATION:** ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128  
**ATTN:** KEITH L BEASLEY, ENF.PROJ.MGR.

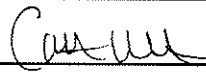
MA0000787	005Q
PERMIT NUMBER	DISCHARGE NUMBER

**DMR MAILING ZIP CODE:** 021282909  
MINOR  
(SUBRE)  
Northwest Quarterly  
External Outfall

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	04	01	FROM	08	06	30
			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 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		8.02	*****	8.02				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		390	*****	390				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		4.6	*****	4.6				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.04	5.89		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director, Capital Programs & Environmental Affairs 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	07	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)

Page 56

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

MA0000787  
PERMIT NUMBER

006Q  
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR  
(SUBRE)  
Runway Perimeter Quarterly  
Sum

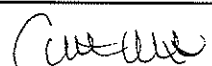
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	04	01	FROM	08	06	30
			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			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		6.54	*****	7.04				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		22	*****	99				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		4.2	*****	4.6				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.019	2.96		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Catherine Wetherell, Deputy Director, Capital Programs & Environmental Affairs 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	568-3529	08	07	15

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