

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 90

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
08	07	01	TO	08	09	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	*****	*****		*****	*****	7.53				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. TOTAL	ug/L		Quarterly	GRAB
Benzo(b)fluoranthene 34230 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<7.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia Haederle, Assistant Director, Capital Programs, Environmental Management	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	10	08
TYPED OR PRINTED	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)

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Page 91

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
08	07	01	FROM	08	09	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			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia Haederle, Assistant Director, Capital Programs, Environmental Management 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		
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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	07	01	TO	08	09	30

FROM

TO

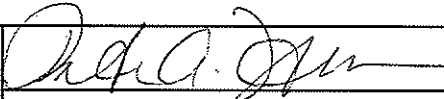
No Discharge

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polynuc aromatic HC per Method 610 22456 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.54				
	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Patricia Haederle, Assistant Director,
Capital Programs, Environmental Management
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
(617) 568-3525		08	10	15
AREA Code	NUMBER	YEAR	MO	DAY

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

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PERMIT NUMBER

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DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
West quarterly
External Outfall


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LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	07	01	TO	08	09	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			
Dibenzo(a,h)anthracene	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PATRICIA HAEGELE, ASSISTANT DIRECTOR, Capital Programs, Environmental Management 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		
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BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

003Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Porter 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	07	01	FROM	08	09	30
						TO

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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	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(k)fluoranthene 34242 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)pyrene 34247 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Chrysene 34320 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<7.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Benzo(a)anthracene 34526 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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MA0000787
PERMIT NUMBER

003Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
Porter Street quarterly
External Outfall

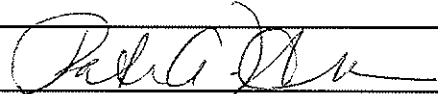
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

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YEAR	MO	DAY		YEAR	MO	DAY
08	07	01	FROM	08	09	30
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB
Naphthalene 34696 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Quarterly	GRAB

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(617)	568-3525	08	10	15

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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	
FROM	08	07	01	TO	08	09	30

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

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		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		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	*****	*****		*****	*****	<6.7				
	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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		AREA Code	NUMBER	YEAR	MO	DAY

Patricia Haederle
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

(617) 568-3525
08 10 15

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dibenzo(a,h)anthracene	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Naphthalene	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.8				
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia Haederle, Assistant Director, Capital Programs, Environmental Management	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		
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08	07	01	TO	08	09	30

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

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		7.54	*****	7.54				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		38	*****	38				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		<4.0	*****	<4.0				
	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	0.07	1.06		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia Haederle, Assistant Director, Capital Programs, Environmental Management	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	10	15		
TYPED OR PRINTED		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 108

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	07	01	TO	08	09	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			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		6.94	*****	8.75				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		26	*****	60				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		0.0	*****	<4.4				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	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		Quarterly	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.11	6.30		*****	*****	*****				
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Quarterly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia Haederle, Assistant Director Capital Programs, Environmental Management	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	10	15
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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