

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

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	YEAR	MO	DAY
08	09	01	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			
Flow rate	SAMPLE MEASUREMENT	0.6	5.6		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.53	*****	7.53				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		9.4	*****	9.4				
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	*****	*****		*****	*****	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	*****	*****		0.07	*****	0.07				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		19,000	*****	19,000				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m		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		
		(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)

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

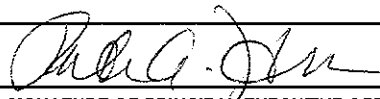
001A
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	FROM	08	09	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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		2,000	*****	2,000				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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		
			(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 87

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

MINOR
(SUBRE)
North 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	09	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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		18	*****	18				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.4				
	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	*****	*****		0.11	*****	0.11				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		150	*****	150				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		16,000	*****	16,000				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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				
		(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)

DISCHARGE MONITORING REPORT (DMR)

WITTEE 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
 PERSON: KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787
 PERMIT NUMBER

001D
 DISCHARGE NUMBER

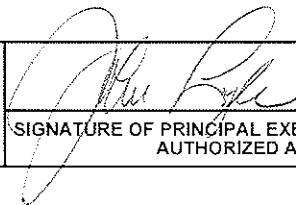
DMR MAILING ZIP CODE: 021282909
 MINOR
 (SUBRE)
 North internal tanks
 External Outfall

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
08	09	01	08	09	30

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			
00 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		0.0	*****	0.0				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		3	*****	3				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	5				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****		5	*****	5				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Total Solids	SAMPLE MEASUREMENT	11,046	87,166		*****	*****	*****				
	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

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

DISCHARGE MONITORING REPORT (DMR)

MITTEE 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
 CONTACT: 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	09	01	08	09	30

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.2				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 30 Y 0 Total Gross	SAMPLE MEASUREMENT	*****	*****		50	*****	50				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended 30 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		50	*****	50				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 56 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		*****	*****	11				
	PERMIT REQUIREMENT	*****	*****		*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 30 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****		5	*****	5				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Sulfate, total 20 Y 0 Total Gross (Supplementary)	SAMPLE MEASUREMENT	947	5,510		*****	*****	*****				
	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.	TELEPHONE		DATE				
		617-561-9700	08	10	14	AREA Code	NUMBER	YEAR

John Lyle
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

REMARKS 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

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	09	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			
Flow rate	SAMPLE MEASUREMENT	2.2	19.7		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.54	*****	7.54				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		10	*****	10				
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	*****	*****		*****	*****	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	*****	*****		0.08	*****	0.08				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		14,000	*****	14,000				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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		
		(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 93

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.

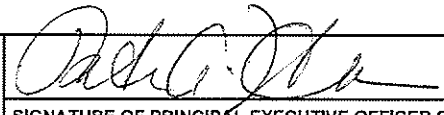
MA0000787	002A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	01	FROM	08	09	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			
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		1,400	*****	1,400				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	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		
			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 94

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

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	09	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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		8.3	*****	8.3				
	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	*****	*****		0.12	*****	0.12				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		60	*****	60				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		610	*****	610				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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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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 97

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

MA0000787
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
PORTER 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	09	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			
Flow rate	SAMPLE MEASUREMENT	0.6	5.0		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Monthly	ESTIMA	
pH	SAMPLE MEASUREMENT	*****	*****		7.65	*****	7.98				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU	Monthly	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		97	*****	140				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	Monthly	GRAB	
Oil & grease	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.7				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/L	Monthly	GRAB	
Benzene	SAMPLE MEASUREMENT	*****	*****		0.0	*****	<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	*****	*****		0.13	*****	0.18				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L	Monthly	GRAB	
Enterococci	SAMPLE MEASUREMENT	*****	*****		1,858	*****	6,500				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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		
		(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)
effective 5 months after 10-1-07.

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 98

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

MA0000787
PERMIT NUMBER

003A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 021282909

MINOR
(SUBRE)
PORTER ST OUTFALL - STORMWATER
External Outfall

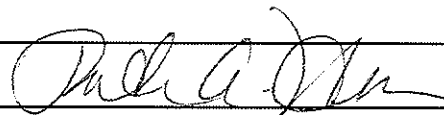
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		1,272	*****	6,600				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m 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		
			AREA Code	NUMBER	YEAR	MO	DAY

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

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 99

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		YEAR	MO	DAY
08	09	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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		4.6	*****	8.3				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.0				
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. 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	*****	*****		0.07	*****	0.12				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		2.2	*****	10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		1.0	*****	<10				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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		
		(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 102

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	09	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			
Flow rate	SAMPLE MEASUREMENT	0.2	1.9		*****	*****	*****				
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****			Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****		7.25	*****	7.25				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		15	*****	15				
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	*****	*****		*****	*****	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	*****	*****		0.09	*****	0.09				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****		21,000	*****	21,000				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	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.		TELEPHONE		DATE		
			AREA Code	NUMBER	YEAR	MO	DAY
			(671)	568-3525	08	10	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 103

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

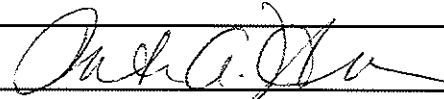
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
08	09	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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****		26,000	*****	26,000				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m 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		
			(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 104

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		YEAR	MO	DAY
08	09	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			
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	*****	*****		0.06	*****	0.06				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		80	*****	80				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****		450	*****	450				
	PERMIT REQUIREMENT	*****	*****		Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	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 fines 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)