

DISCHARGE MONITORING REPORT (DMR)

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

001-A
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
 MINOR
 (SUBR E)
 NORTH OUTFALL - STORMWATER
 External Outfall

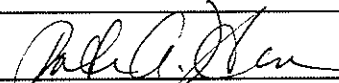
FACILITY: LOGAN INTERNATIONAL AIRPORT
 LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
 BOSTON, MA 02128

MONITORING PERIOD
 FROM MM/DD/YYYY TO MM/DD/YYYY
 05/01/2011 TO 05/31/2011

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	0.25	1.62		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.76	*****	7.76				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	9.3	*****	9.3				
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	*****	*****	*****	0.22	*****	0.22				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	390	*****	390				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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	
			617-568-3525	06/15/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
NORTH OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2011	FROM	05/31/2011	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	*****	*****	*****	600	*****	600				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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	
			617-568-3525	06/15/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)
 DISCHARGE MONITORING REPORT (DMR)

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

001-C
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
 MINOR
 (SUBR E)
 North Dry
 External Outfall

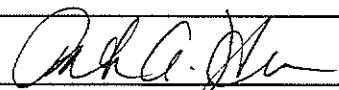
FACILITY: LOGAN INTERNATIONAL AIRPORT
 LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
 BOSTON, MA 02128

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2011	FROM	05/31/2011	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	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20				
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	*****	*****	*****	0.57	*****	0.57				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	360	*****	360				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	430	*****	430				
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 A. Haederle, ESP, CPG, Assistant Director Capital Programs and 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
			617-568-3525	06/15/2011	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0061

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

NAME: MASSPORT AUTHORITY - LOGAN
ADDRESS: ONE HARBORSIDE DV., SUITE 2005
BOSTON, MA 02128-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 2005
BOSTON, MA 02128
ATTN: KEITH L BEASLEY, ENF.PROJ.MGR.

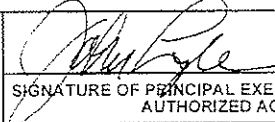
MA0000787	001-D
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 05/01/2011	TO	05/31/2011	

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
North internal tanks
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	.....	.....	.....	6.2	.....	6.2				
00400 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MINIMUM	.....	Req. Mon. MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	.....	.....	.....	11	.....	11				
00530 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MO AVG	.....	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	25				
00556 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	15 DAILY MX	mg/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	.....	.....	.....	<5	.....	25				
34030 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MO AVG	.....	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total	SAMPLE MEASUREMENT	33	1,000		.....	.....	.....	.....
82220 Y 0 Effluent Gross (Supplementary)	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 information 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. I am a duly sworn officer or employee of the permittee or person who manages 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
			617-561-9700	06/08/2011	
			AREA Code	NUMBER	MM/DD/YYYY

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

MA0000787
PERMIT NUMBER

001-E
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
North internal tanks
External Outfall

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

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
05/01/2011 TO 05/31/2011

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			
00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	.....	.....	.....	5.9	.....	5.9				
	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MINIMUM	.....	Req. Mon. MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	.....	.....	.....	20	.....	20				
	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MO AVG	.....	100 DAILY MX	mg/L		Monthly	GRAB
00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	.....	.....	.....	20	.....	20				
	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MO AVG	.....	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
00556 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	<5				
	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	15 DAILY MX	mg/L		Monthly	GRAB
34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	.....	.....	.....	11	.....	11				
	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. MO AVG	.....	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	33	1,000		.....	.....	.....	.....
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	.....	.....	.....	.....		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my personal knowledge and belief, the information submitted is 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.	TELEPHONE	DATE	
JOHN LYLE TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

002-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
WEST OUTFALL - STORMWATER
External Outfall


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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 05/01/2011 TO 05/31/2011

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	1.03	5.56		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.42	*****	7.42				
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	*****	*****	*****	0.10	*****	0.10				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	680	*****	680				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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
			617-568-3525		06/15/2011
			AREA Code	NUMBER	MM/DD/YYYY

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

002-A
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
WEST OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 05/01/2011 TO 05/31/2011

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	*****	*****	*****	1,600	*****	1,600				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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	MM/DD/YYYY

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

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

MA0000787
 PERMIT NUMBER

002-C
 DISCHARGE NUMBER

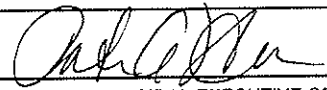
DMR Mailing ZIP CODE: 021282909
 MINOR
 (SUBR E)
 West Dry
 External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2011	TO	05/31/2011

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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	12	*****	12				
	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	*****	*****	*****	*****	*****	5 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	*****	*****	*****	0.14	*****	0.14				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	410	*****	410				
	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	*****	*****	*****	4,800	*****	4,800				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Patricia A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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 violators.		TELEPHONE		DATE
			617-568-3525	06/15/2011	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

MA0000787
PERMIT NUMBER

003-A
DISCHARGE NUMBER


DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
PORTER ST OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	05/01/2011	TO	05/31/2011

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	0.15	1.22		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.82	*****	8.01				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	<5.0				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<4.0				
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	*****	*****	*****	0.00	*****	<0.05				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	728	*****	1,000				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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	MM/DD/YYYY

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)

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

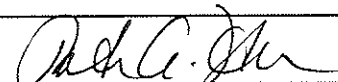
003-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
PORTER ST OUTFALL - STORMWATER
External Outfall

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 05/01/2011 TO 05/31/2011

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	*****	*****	*****	40	*****	80				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			AREA Code	NUMBER	MM/DD/YYYY

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

effective 5 months after 10-1-07.

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

003-C
 DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
 MINOR
 (SUBR E)
 Porter Street Dry
 External Outfall

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

MONITORING PERIOD
 FROM 05/01/2011 TO 05/31/2011

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			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	22	*****	43				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<4.4				
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	*****	*****	*****	0.11	*****	0.13				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	34.6	*****	40				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	23.5	*****	55				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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		06/15/2011
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY

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

MA0000787
PERMIT NUMBER

004-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
MAVERICK ST OUTFALL-STORMWATER
External Outfall

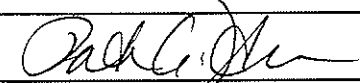
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 05/01/2011 TO 05/31/2011

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	0.06	0.44		*****	*****	*****	*****			
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	*****	*****	*****	17	*****	17				
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	*****	*****	*****	<0.05	*****	<0.05				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	470	*****	470				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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	MM/DD/YYYY

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

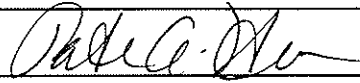
004-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
MAVERICK ST OUTFALL-STORMWATER
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2011	FROM	05/31/2011	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	*****	*****	*****	210	*****	210				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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
			617-568-3525	06/15/2011	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE 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

004-C
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
Maverick Street Dry
External Outfall

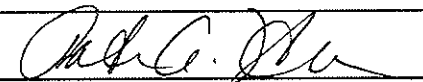
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S
BOSTON, MA 02128

MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
05/01/2011 TO 05/31/2011

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.0				
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	*****	*****	*****	0.05	*****	0.05				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20				
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 A. Haederle, LSP, CPG, Assistant Director Capital Programs and 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
			617-568-3525	06/15/2011	AREA Code	NUMBER	MM/DD/YYYY

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