

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-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
North quarterly
External Outfall

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

| MONITORING PERIOD | | | |
|-------------------|------|------------|----|
| MM/DD/YYYY | | MM/DD/YYYY | |
| 10/01/2011 | FROM | 12/31/2011 | 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 | | | |
| Polynuclear Aromatic Hydrocarbons (Method 610) 22456 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ND | | | | |
| | 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 Brenda L. Enos, CHMM, REM, 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 (617) 568-5963 | DATE 01/14/2012 | |
| | | | AREA Code | NUMBER |
| TYPED OR PRINTED | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i> | | | |

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-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
North quarterly
External Outfall


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

| MONITORING PERIOD | | | |
|-------------------|------------|------------|------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 10/01/2011 | TO | 12/31/2011 |

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

| | | | | | |
|---|---|---|-----------|--------|------------|
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| | | | AREA Code | NUMBER | MM/DD/YYYY |

(617) 568-5963 01/14/2012

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ADDRESS: ONE HARBORSIDE DV., SUITE 200S
BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

004-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
Mareick Street quarterly
External Outfall


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

| MONITORING PERIOD | | | |
|-------------------|--|------------|--|
| FROM | | TO | |
| MM/DD/YYYY | | MM/DD/YYYY | |
| 10/01/2011 | | 12/31/2011 | |

No Discharge

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|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Polynuclear Aromatic Hydrocarbons (Method 610) 22456 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Monthly | GRAB |
| Benzo(b)fluoranthene 34230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(k)fluoranthene 34242 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(a)pyrene 34247 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Chrysene 34320 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <7.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(a)anthracene 34526 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |

| | | | | | |
|---|--|---|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, 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 persons 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) 568-5963 | | 01/14/2012 |
| | | 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 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 | 004-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
Mareick Street quarterly
External Outfall

| MONITORING PERIOD | | | |
|-------------------|------------|------------|------------|
| MM/DD/YYYY | | MM/DD/YYYY | |
| FROM | 10/01/2011 | TO | 12/31/2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|---------------------|-------|-------|--------------------------|-------|-----------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Dibenzo(a,h)anthracene 34556 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Naphthalene 34696 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |

| | | | | | |
|---|---|---|-----------|--------|------------|
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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 | 005-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
Northwest Quarterly
External Outfall

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/01/2011 | TO 12/31/2011 |

No Discharge

| PARAMETER | | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|--------------------|--------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| pH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.17 | ***** | 7.17 | | | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | ***** | <5.0 | ***** | <5.0 | | | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | GRAB |
| Oil & Grease | SAMPLE MEASUREMENT | ***** | ***** | ***** | <4.4 | ***** | <4.4 | | | | |
| 00556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MO AVG | ***** | Req. Mon. DAILY MX | mg/L | | Quarterly | 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 | | Quarterly | GRAB |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 0.063 | 0.69 | | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | ***** | | Quarterly | ESTIMA |

| | | | | | |
|---|---|---|----------------|------------|------------|
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| TYPED OR PRINTED | | | (617) 568-5963 | 01/14/2012 | |
| COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) | | | AREA Code | NUMBER | MM/DD/YYYY |

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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

006-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
Runway Perimeter Quarterly
Sum


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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
10/01/2011 TO 12/31/2011

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 | | | |
| pH 00400 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.30 | ***** | 7.69 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | Req. Mon. MINIMUM | ***** | Req. Mon. MAXIMUM | SU | | Quarterly | GRAB |
| Solids, total suspended 00530 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | 19 | ***** | 87 | | | | |
| | 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 | 4.09 | 0.555 | | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | Req. Mon. MO AVG | Req. Mon. DAILY MX | Mgal/d | ***** | ***** | ***** | ***** | | Quarterly | ESTIMA |

| | | | | |
|---|---|----------------|--------|------------|
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BOSTON, MA 02128-2909

MA0000787
PERMIT NUMBER

003-Q
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

MINOR
(SUBR E)
Porter Street quarterly
External Outfall

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

| MONITORING PERIOD | | | |
|-------------------|--|------------|--|
| FROM | | TO | |
| MM/DD/YYYY | | MM/DD/YYYY | |
| 10/01/2011 | | 12/31/2011 | |

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

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|---|--------------------|---------------------|-------|-------|--------------------------|-------|--------------------|-------|--------|-----------------------|-------------|
| | | VALUE | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | |
| Polynuclear Aromatic Hydrocarbons (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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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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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 | 003-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/01/2011 | TO 12/31/2011 |

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
Porter Street quarterly
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 | | | |
| 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 Brenda L. Enos, CHMM, REM, 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 persons 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) 568-5963 | 01/14/2012 | AREA Code |

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

| | |
|---------------|------------------|
| MA0000787 | 002-Q |
| PERMIT NUMBER | DISCHARGE NUMBER |


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

| MONITORING PERIOD | |
|-------------------|---------------|
| MM/DD/YYYY | MM/DD/YYYY |
| FROM 10/01/2011 | TO 12/31/2011 |

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 | | | |
| Polynuclear Aromatic Hydrocarbons (Method 810) 22456 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ND | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. TOTAL | ug/L | | Monthly | GRAB |
| Benzo(b)fluoranthene 34230 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(k)fluoranthene 34242 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(a)pyrene 34247 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Chrysene 34320 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Indeno(1,2,3-cd)pyrene 34403 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <7.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Benzo(a)anthracene 34526 1 0 Effluent Gross | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |

| | | | | | |
|---|---|---|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, 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) 568-5963 | | 01/14/2012 |
| | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code | NUMBER | MM/DD/YYYY |

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

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Form Approved
OMB No. 2040-0004

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

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

| MA0000787 | 002-Q |
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| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
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DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
West quarterly
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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 | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| 34556 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |
| Naphthalene | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5.0 | | | | |
| 34696 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | Req. Mon. DAILY MX | ug/L | | Monthly | GRAB |

| | | | | | |
|---|---|---|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, 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 <i>Brenda L. Enos</i> | TELEPHONE | | DATE |
| | | | AREA Code | NUMBER | MM/DD/YYYY |
| | | | (617) 568-5963 | | 01/14/2012 |

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