

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

Form Approved  
OMB No. 2040-0094

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
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

DMR Mailing ZIP CODE: 021282909  
MINOR  
(SUBR E)  
NORTH OUTFALL - STORMWATER  
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			
Flow rate	SAMPLE MEASUREMENT	0.54	6.92		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.94	*****	6.94				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	6.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	<5.0	*****	<5.0				
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	*****	*****	*****	0.08	*****	0.08				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	2,400	*****	2,400				
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 Brenda L. Enos, REM, CHMM, 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 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	05/11/2012	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. 2040-0084

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.

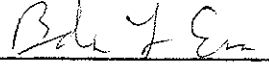
MA0000787	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	04/01/2012	TO	04/30/2012

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	.....	.....	.....	460	.....	460				
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	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 review of the personnel 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	
Brenda L. Enos, REM, CHMM, Assistant Director, Capital Programs and Environmental Management			617-568-5963	05/11/2012	
TYPED OR PRINTED			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. 2040-0084

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  
FROM 04/01/2012 TO 04/30/2012

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	*****	*****	*****	11	*****	11				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	103 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	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.21	*****	0.21				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	790	*****	790				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	750	*****	750				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, REM, CHMM, 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		05/11/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>		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.

MA0000767	001-D
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282905  
MINOR  
(SUBR E)  
North internal tanks  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

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	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SI		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MC AVG	*****	150 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MC AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MC AVG	Req. Mon. DAILY MX	gal/s	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <b>JOHN LYLE</b> 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 duty of this position 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 <b>60175019100</b>	DATE <b>05-11-2012</b>

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

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

Form Approved  
OMB No. 2040-0034

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 SEASLEY, ENF.PROJ.MGR.

MA0000787	001-E
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

No Discharge

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	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
00566 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****		*****	15 DAILY MX	mg/L		Monthly	GRAB
34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****		*****					
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	EST/MA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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 reported. Based on my review of the data and reports, the information furnished 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
		NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		0175619700	05-11-2012

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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

DMR Mailing ZIP CODE: 021282909  
MINOR (SUBR E)  
WEST OUTFALL - STORMWATER  
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			
Flow rate	SAMPLE MEASUREMENT	2.16	25.80		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.93	*****	7.93				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	<5.0	*****	<5.0				
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	*****	*****	*****	0.08	*****	0.08				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	11,000	*****	11,000				
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 Brenda L. Enos, REM, CHMM, 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 and 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 05/11/2012	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>	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. 2040-0064

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

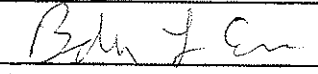
NAME: MASSPORT AUTHORITY - LOGAN  
ADDRESS: ONE HARBORSIDE DV., SUITE 200S  
BOSTON, MA 02128-2909  
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128  
ATTN: KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

DMR Mailing ZIP CODE: 021282909  
MINOR  
(SUBR E)  
WEST OUTFALL - STORMWATER  
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			
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	630	*****	630				
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 Brenda L. Enos, REM, CHMM, 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 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		05/11/2012
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 DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0054

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-C  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

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

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
04/01/2012 TO 04/30/2012

MINOR  
(SUBR E)  
West Dry  
External Outfall

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	*****	*****	*****	27	*****	27				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00558 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	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.14	*****	0.14				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	600	*****	600				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	100				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, REM, CHMM, 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		05/11/2012
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. 2040-0034

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	003-A
PERMIT NUMBER	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 04/01/2012		TO 04/30/2012	

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	0.34	5.39		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.44	*****	8.26	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	7.9	*****			
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	*****	*****	*****	0.13	*****	0.17	*****			
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	203.3	*****	750	*****			
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	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 ensure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the person or persons who manage the system, and 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
Brenda L. Enos, REM, CHMM, Assistant Director, Capital Programs and Environmental Management		617-568-5963		05/11/2012
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)  
effective 5 months after 10-1-07.

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

Form Approved  
OMB No. 2040-0034

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	003-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
04/01/2012	FROM	04/30/2012	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	*****	*****	*****	53.1	*****	1,500				
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 Brenda L. Enos, REM, CHMM, 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
		617-568-5963		05/11/2012
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>	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. 2040-3004

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 04/01/2012 TO 04/30/2012

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	*****	*****	*****	137	*****	250				
	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	*****	*****	*****	0.13	*****	0.16				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	<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 Brenda L. Enos, REM, CHMM, 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 their 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		05/11/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>		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. 2040-0034

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

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

MA0000787	004-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282909

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

MINOR  
(SUBR E)  
MAVERICK ST OUTFALL-STORMWATER  
External Outfall

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 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.14	1.56		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.10	*****	8.10				
	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20				
	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	*****	*****	*****	0.11	*****	0.11				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	420	*****	420				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, REM, CHMM, 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 the 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 05/11/2012
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>	AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0034

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.

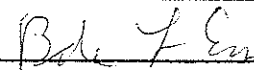
MA0000787	004-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

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	*****	*****	*****	110	*****	110				
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 Brenda L. Enos, REM, CHMM, 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	
			617-568-5963	05/11/2012	
TYPED OR PRINTED			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. 2040-0034

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

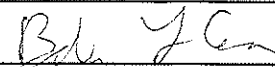
NAME: MASSPORT AUTHORITY - LOGAN  
ADDRESS: ONE HARBORSIDE DV., SUITE 200S  
BOSTON, MA 02128-2909  
FACILITY: LOGAN INTERNATIONAL AIRPORT  
LOCATION: ONE HARBORSIDE DRIVE, SUITE 200S  
BOSTON, MA 02128  
ATTN: KEITH L BEASLEY, ENF.PROJ.MGR.

MA0000787	004-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 04/01/2012	TO 04/30/2012

DMR Mailing ZIP CODE: 021282909  
MINOR (SUBR E)  
Maverick Street Dry  
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			
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	23	*****	23				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<4.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	<1.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.09	*****	0.09				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	10	*****	10				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, REM, CHMM, 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 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 05/11/2012	
			AREA Code	NUMBER
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)