

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-A
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 02/01/2012 TO 02/29/2012

MINOR
(SUBR E)
NORTH 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	0.26	1.17		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.84	*****	6.84				
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	6.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	14	*****	14				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. 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	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.31	*****	0.31				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1,100	*****	1,100				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. 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 included. Based on my inquiry of the person or persons who furnish the information, all such persons directly or indirectly furnished the information, the information disclosed is true to the best of our knowledge and belief, 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, CHMM, REIM, Assistant Director Capital Program and Environmental Management		<i>Brenda L. Enos</i>	617-568-5963
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. 2040-0004

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	
FROM 02/01/2012	TO	02/29/2012	

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	*****	*****	*****	2,300	*****	2,300				
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, CHMM, REM, Assistant Director Capital Program and Environmental Management TYPED OR PRINTED	I certify under penalty of law that this document and all data herein were prepared under the direction or supervision of an approved certifier or system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on this system of the permittee personnel management and systems or those persons directly responsible for gathering the information, the submission 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	03/14/2012
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 02128-2908

MA0000787
PERMIT NUMBER

001-C
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 021282908

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

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 02/01/2012 TO 02/29/2012

MINOR
(SUBR E)
North 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	*****	*****	*****	6.0	*****	6.0				
	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	*****	*****	*****	0.14	*****	0.14				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	690	*****	690				
	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	*****	*****	*****	<10	*****	<10				
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MOAV GEO	*****	Req. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, Assistant Director Capital Program 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 reported. I am aware that this document and all attachments are being submitted to EPA or their authorized representative for public release. I am aware that there are significant penalties for submitting false information, including the possibility of civil and criminal sanctions.	TELEPHONE 617-568-5963	DATE 03/14/2012

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

MA0000787
PERMIT NUMBER

001-D
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			
MM/DD/YYYY	TO	MM/DD/YYYY	
02/01/2012		02/29/2012	

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			
pH 00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	5.5			5.5		7.4				
	PERMIT REQUIREMENT	Req. Min. MINIMUM					Req. Max. MAXIMUM	SL		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	9.7			9.7		15				
	PERMIT REQUIREMENT	Req. Mon. MO AVG					100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	4.8			4.8		15				
	PERMIT REQUIREMENT	Req. Mon. MO AVG					15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	13.74			13.74		20				
	PERMIT REQUIREMENT	Req. Mon. MO AVG					Req. Max. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82226 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	1207	9,000								
	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d						Monthly	ESTIMA

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 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

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

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

Form Approved
OMB No. 2045-0004

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

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

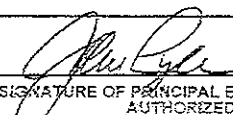
MONITORING PERIOD
FROM MM/DD/YYYY TO MM/DD/YYYY
02/01/2012 TO 02/29/2012

MINOR
(SUBR E)
North Internal tanks
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			
pH 00400 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	6.1			6.1						
	PERMIT REQUIREMENT				Req. Min. MINIMUM					Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	10			10						
	PERMIT REQUIREMENT				Req. Mon. MG AVG		120 DAILY MX	mg/L		Monthly	GRAB
Solids, total suspended 00530 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	10			10						
	PERMIT REQUIREMENT				Req. Mon. MG AVG		Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT						12				
	PERMIT REQUIREMENT						15 DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT				34		34				
	PERMIT REQUIREMENT				Req. Mon. MG AVG		Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow, total 82220 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	710	5,000								
	PERMIT REQUIREMENT	Req. Mon. MG AVG	Req. Mon. DAILY MX	gal/s						Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER JOHN LYLE TYPED OR PRINTED	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my expertise 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

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 02/01/2012 TO 02/29/2012

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 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.15	7.31		*****	*****	*****	*****			
	PERMIT REQUIREMENT	Reg. Mon. MO AVG	Reg. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.18	*****	6.18				
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	31	*****	31				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.8				
	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) 38250 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.30	*****	0.30				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	>80,000	*****	>80,000				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, Assistant Director Capital Program 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, analyze, and evaluate the information included. Based on my review of the report and personal knowledge, I am aware that the information reported here is true and accurate. 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 03/14/2012

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

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

Form Approved
OMB No. 2040-0034

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.

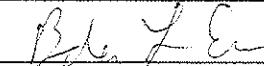
MA0000767	002-A
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

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 74055 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	>80,000	*****	>80,000				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100ml L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this statement 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. I am a duly licensed professional engineer in the State of Massachusetts. I am the principal executive officer or authorized representative of the permittee, the submitter, the submittal recipient, or the design professional for the submitter. I am not aware of any falsification or omission of information, or any other act that would constitute a violation of any applicable law or regulation. I understand that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Brenda L. Enos, CHMM, REM, Assistant Director Capital Program and Environmental Management TYPED OR PRINTED			617-568-5963	03/14/2012
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	002-C
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

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	*****	*****	*****	25	*****	25				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. 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	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 38260 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.16	*****	0.16				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 61211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	23,000	*****	23,000				
	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	*****	*****	*****	>80,000	*****	>80,000				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, Assistant Director Capital Program and Environmental Management TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared expressly for submitting to appropriate state or federal agency pursuant to the requirements indicated above. I am the owner of the physical or electronic information submitted in this system, or I am a person whose responsibility for gathering the information, for information submitted in, to the best of my knowledge and belief, are 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 03/14/2012

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 2005
BOSTON, MA 02125-2909
FACILITY: LOGAN INTERNATIONAL AIRPORT
LOCATION: ONE HARBORSIDE DRIVE, SUITE 2005
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
FROM MM/DD/YYYY TO MM/DD/YYYY
02/01/2012 TO 02/29/2012

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	0.12	1.75		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.16	*****	7.26				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	5.0	*****	8.7				
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	*****	*****	*****	0.20	*****	0.33				
38260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	9.3	*****	40				
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, CHMM, REM, Assistant Director Capital Program 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 this review and the review of persons who gather and evaluate the information, I am aware that there are significant deficiencies in the collection of information, this report and its attachments, or other violations of the law that require corrective action (33 USC 3742). Signature of Principal Executive Officer or Authorized Agent	TELEPHONE	DATE
		617-568-5963	03/14/2012
		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. 2040-0001

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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 02/01/2012	TO	02/29/2012	

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
PORTER ST 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	*****	*****	*****	5.8	*****	20				
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MCAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, Assistant Director Capital Program 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 of someone designated in writing that qualified persons prepared, gather and certify the information submitted. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report, or who permits anyone else to furnish such information, is guilty of a criminal offense under the provisions of the Federal Clean Air Act, and may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).	TELEPHONE	DATE
		617-568-5963	03/14/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0064

PERMITTEE NAME/ADDRESS (include Facility Name/Locality 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.

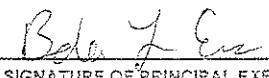
MA0000727	003-C
PERMIT NUMBER	DISCHARGE NUMBER

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

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 02/01/2012	TO 02/29/2012

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	*****	*****	*****	50	*****	77				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<4.0				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Benzene 34030 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.0	*****	<1.0				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS) 36250 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.16	*****	0.25				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci 51211 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	2.2	*****	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	*****	*****	*****	1.0	*****	<10				
	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brenda L. Enos, CHMM, REM, Assistant Director Capital Program 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 certified personnel properly gather and evaluate the information submitted. Based on my review of the personnel who manage the system, and my personal knowledge of the gathering, the submission, the submission, and the use of the information, and my knowledge and belief, I am aware that there are no significant violations of the conditions listed herein, including the possibility of false and misleading information.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			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. 2040-0004

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.

MA0000797	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 02/01/2012	TO	02/29/2012	

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	0.06	0.45		*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****	*****		Monthly	ESTIMA
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.31	*****	6.31				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MINIMUM	*****	8.5 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	18	*****	18				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	100 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<4.4				
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	*****	*****	*****	50	*****	50				
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, CHMM, REM, Assistant Director Capital Program and Environmental Management TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under no duress or coercion in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information, submitted here, and that the person or persons who manage the system are being personally certified or certified by others for the information they submitted as 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 03/14/2012	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Brenda L. Enos</i>	AREA Code NUMBER 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

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
02/01/2012	FROM	02/29/2012	TO

DMR Mailing ZIP CODE: 021282909
MINOR
(SUBR E)
MAVERICK ST 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	*****	*****	*****	30	*****	30				
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	I certify under penalty of law that this document and all attachments were prepared under the direction or supervision of someone with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my review of this permit or permit modification, the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	TELEPHONE	DATE
Brenda L. Enos, CHMM, REM, Assistant Director Capital Program and Environmental Management TYPED OR PRINTED			617-568-5963
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
			MM/DD/YYYY

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-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
02/01/2012 TO 02/29/2012

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	SAMPLE MEASUREMENT	*****	*****	*****	20	*****	20				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. 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	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	ug/L		Monthly	GRAB
Surfactants (MBAS)	SAMPLE MEASUREMENT	*****	*****	*****	0.07	*****	0.07				
33260 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MO AVG	*****	Reg. Mon. DAILY MX	mg/L		Monthly	GRAB
Enterococci	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	100				
61211 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. MOAV GEO	*****	Reg. Mon. DAILY MX	CFU/100m L		Monthly	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	*****	*****	*****	180	*****	180				
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, 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 knowledge of the person or persons who manage this 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	03/14/2012
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>B. L. Enos</i>		AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY	