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Permit																		
Permit #:	MA0000787			Permittee	e:		MASSPORT	AUTHORITY - LO	OGAN			Facility	:	LOGAN	N INTERNATIONA	AL AIRPOF	RT	
Major:	No			Permittee	Address:			ORSIDE DV., SUI <sup>-</sup> IA 02128-2909	TE 200S				Location:		ARBORSIDE DRI DN, MA 02128	IVE, SUITE	E 200S	
Permitted Feature:	01A External Outfall			Discharge	e:		<b>01A-A</b> NORTH OU	TFALL 01A TO WI	INTHROP E	BAY								
Report Dates & Status				•														
Monitoring Period:	From 08/01/24 to 08/3	31/24		DMR Due	Date:		09/15/24					Status:		NetDM	R Validated			
Considerations for Form Comple	etion											'						
·																		
Principal Executive Officer																		
First Name:				Title:								Telepho	one:					
Last Name:												ļ -						
No Data Indicator (NODI)																		
Form NODI:																		
Parameter	Monitoring Location	Season #	Param. NODI			C	Quantity or Loa	ading				Quality	or Concentration			# of Ex.	Frequency of Analysis	Sample Type
Code Name	ŭ				Qualifier 1	Value 1	Qualifier 2		Units	Qualifier 1	Value 1		/alue 2 Qualifier 3	Value 3	Units		. , ,	
				Sample		).35		2.946	03 - MGD								01/30 - Monthly	ES - ESTIMA
00056 Flow rate	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							_	01/30 - Monthly	ES - ESTIMA
				Value NODI														
				Sample						=	7.47		=	7.47	12 - SU		01/30 - Monthly	GR - GRAB
00400 <b>pH</b>	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM		<=	8.5 MAXIMUM	12 - SU		01/30 - Monthly	GR - GRAB
i i				Value NODI														
				Sample						=	17.0		=	17.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530 Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO AVG		<=	100.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
Constant and pointed	. Emdom Oroso			Value NODI														
				Sample									<	4.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00556 Oil & Grease	1 - Effluent Gross	0		Permit Req.									<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
2.2.2.3.000				Value NODI														
				Sample						_	1.0		_	1.0	29 μα/Ι		01/20 Monthly	CD CDAR

Req Mon MO AVG

Req Mon MOAV GEO

Req Mon MOAV GEO

10.0

200.0

Req Mon DAILY MX 28 - ug/L

Req Mon DAILY MX 3Z - CFU/100mL

Req Mon DAILY MX 3Z - CFU/100mL

10.0

200.0

3Z - CFU/100mL

3Z - CFU/100mL

01/30 - Monthly

GR - GRAB

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Permit Req.

Value NODI

Sample

Permit Req.

Value NODI Sample

Permit Req.

Value NODI

**Edit Check Errors** 

No errors.

34030

74055

Benzene

Coliform, fecal general

61211 Enterococci

1 - Effluent Gross

1 - Effluent Gross

1 - Effluent Gross

**Comments** 

**Attachments** 

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Permit																				
Permit #	<b>#</b> :	MA0000787			Permittee	:	М	ASSPORT AUTHO	RITY - LOGAN						Facility:	LC	GAN INTER	RNATION	NAL AIRPORT	
Major:		No			Permittee	Address:		NE HARBORSIDE OSTON, MA 02128	•						Facility Loca		NE HARBOF OSTON, MA		RIVE, SUITE 200S	
Permitte	ed Feature:	01D External Outfall			Discharge	<b>:</b> :		<b>1D-A</b> TORMWATER AS	SOCIATED WITH	INDUSTRIAL	ACTIVITY OI	JTFALL 01	D							
Report	Dates & Status																			
Monitor	ing Period:	From 08/01/24 to 08/3	/24		DMR Due	Date:	09	9/15/24							Status:	Ne	tDMR Valid	lated		
Conside	erations for Form Co	mpletion																		
Principa	al Executive Officer																			
First Na	me:				Title:										Telephone:					
Last Na	me:																			
	Indicator (NODI)				1															
Form N	• •																			
	Parameter	Monitoring Loc	tion Se	ason #	Param. NODI				Quantity or Loading					Quality o	r Concentration			# of Ex	. Frequency of Analysis	Sample Typ
Code	Name						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2 Qualifier 3	Value 3	Units			
						Sample Permit Req.		Reg Mon MO TOTAL	Peg	Mon DAILY MX	8D - gal/mo								01/30 - Monthly	ES - ESTIMA
00056	Flow rate	1 - Effluent Gro	s 0			Value NODI		C - No Discharge	·	No Discharge	OD - gai/mo								01/30 - Monthly	LO - LOTTIVIA
						Sample		C - No Discharge	0 -	No Discharge										
00400	nU	1 - Effluent Gro	s 0			Permit Req.							Req Mon MO TOTAL			Req Mon DAILY MX	12 - SU		01/30 - Monthly	GR - GRAB
00400	рп	i - Eilideilt Gio	5 0			Value NODI							C - No Discharge			C - No Discharge			·	
						Sample														
00530	Solids, total suspend	led 1 - Effluent Gro	s 0			Permit Req.							Req Mon MO TOTAL		<=	100.0 DAILY MX	19 - mg/L	-	01/30 - Monthly	GR - GRAB
						Value NODI							C - No Discharge			C - No Discharge				
						Sample														
00556	Oil & Grease	1 - Effluent Gro	s 0			Permit Req.									<=	15.0 DAILY MX	19 - mg/L	-	01/30 - Monthly	GR - GRAB
						Value NODI										C - No Discharge				
						Sample							Dan Man MO TOTAL			Dan Man DAIL V MV	40/1		04/00 Marribb	OD ODAD
34030	Benzene	1 - Effluent Gro	s 0			Permit Req.							Req Mon MO TOTAL			Req Mon DAILY MX		-	01/30 - Monthly	GR - GRAB
						Value NODI							C - No Discharge			C - No Discharge				
Submis	sion Note																			

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

**Edit Check Errors** 

No errors.

Comments

# **Attachments**

Name Type Size
BOSFUEL\_August.pdf 632358.0

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN** 

User: FURBISHTA

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Permit																			
Permit #	t:	MA0000787		Permittee	):	М	ASSPORT AUTH	ORITY - LOGA	.N					Facility:	LO	GAN INTER	RNATION	AL AIRPORT	
Major:		No		Permittee	Address:		NE HARBORSIDI OSTON, MA 0212		200S					Facility Loca		NE HARBOR OSTON, MA		RIVE, SUITE 200S	
Permitte		01E External Outfall		Discharge	e:		<b>1E-A</b> TORMWATER AS	SSOCIATED W	ITH INDUSTRIAL	ACTIVITY OL	JTFALL 01	E							
Report	Dates & Status																		
Monitor	ing Period:	From 08/01/24 to 08/31/24		DMR Due	Date:	09	9/15/24							Status:	N	etDMR Valid	ated		
	erations for Form Co	npletion		ļ										-					
Principa	I Executive Officer																		
First Na				Title:										Telephone:					
Last Na														1 -					
	Indicator (NODI)																		
Form N																			
	Parameter	Monitoring Location	Season #	Param. NODI				Quantity or Loa	ding				Quality or	r Concentration			# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2 Qualifier 3	Value 3	Units			
					Sample Permit Reg.		Req Mon MO TOTA		Reg Mon DAILY MX	8D - gal/mo								01/30 - Monthly	ES - ESTIMA
00056	Flow rate	1 - Effluent Gross	0		Value NODI		C - No Discharge		C - No Discharge	8D - gai/mo								01/30 - Monthly	ES - ESTIMA
							C - No Discharge		C - No Discharge										
00400		1 - Effluent Gross	0		Sample Permit Req.							Reg Mon MO TOTAL			Req Mon DAILY MX	12 - SU		01/30 - Monthly	GR - GRAB
00400	рп	I - Elliuent Gross	U		Value NODI							C - No Discharge			C - No Discharge				
					Sample										3				
00530	Solids, total suspend	ed 1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL		<=	100.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI							C - No Discharge			C - No Discharge	•			
					Sample														
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.									<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI										C - No Discharge	•			
					Sample							D M MO TOTA:			D M DAULY:	40 "		04/00 M	OD 0245
34030	Benzene	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL			Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
					Value NODI							C - No Discharge			C - No Discharge				

## Submission Note

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**Edit Check Errors** 

No errors.

Comments

# **Attachments**

Name	Туре	Size
BOSFUEL_August.pdf	pdf	632358.0

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN** 

User: FURBISHTA

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Permit #:	MA0000787	Permittee:	MASSPORT AUTHORITY - LOGAN	Facility:	LOGAN INTERNATIONAL AIRPORT
Major:	No	Permittee Address:	ONE HARBORSIDE DV., SUITE 200S BOSTON, MA 02128-2909	Facility Location:	ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128
Permitted Feature:	02A External Outfall	Discharge:	02A-A WEST OUTFALL 02A		
Report Dates & Status					
Monitoring Period:	From 08/01/24 to 08/31/24	DMR Due Date:	09/15/24	Status:	NetDMR Validated
Considerations for Form Complete	tion				
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					

	Parameter	Monitoring Location	Season #	Param. NODI			Q	uantity or Loa	ding				Quality or Cor	ncentration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample	= 1	.257	=	8.788	03 - MGD								01/30 - Monthly	ES - ESTIMA
00056	Flow rate	1 - Effluent Gross	0		Permit Req.	R	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/30 - Monthly	ES - ESTIMA
	1.0.1.12.0		_		Value NODI														
					Sample						=	7.66		=	7.66	12 - SU		01/30 - Monthly	GR - GRAB
00400	рН	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM		<=	8.5 MAXIMUM	12 - SU		01/30 - Monthly	GR - GRAB
00.00	<b>F</b>				Value NODI														
					Sample						-	15.0		=	15.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO AVG		<=	100.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	conds, total suspended	1 Lindent Gross			Value NODI														
					Sample									<	4.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.									<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	on a croaco	- Emachic Grood			Value NODI														
					Sample						=	20.0		=	20.0	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
61211	Enterococci	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
0.2					Value NODI														
					Sample						=	90.0		=	90.0	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
000	January, 1994 gonorus				Value NODI														

### **Submission Note**

Form NODI:

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**Edit Check Errors** 

No errors.

Comments

Please see the August 2024 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN** 

EPA may make all the information submitted through this form (including all attachments) available to the public without further notice to you. Do not use this online form to submit personal information (e.g., non-business email address), confidential business information (CBI), or if you intend to assert a CBI claim on any of the submitted information. Pursuant to 40 CFR 2.203(a), EPA is providing you with notice that all CBI claims must be asserted at the time of submission. EPA cannot accommodate a late CBI claim to cover previously submitted information because efforts to protect the information are not administratively practicable since it may already be disclosed to the public. Although we do not foresee a need for persons to assert a claim of CBI based on the types of information requested in this form, if persons wish to assert a CBI claim we direct submitters to contact the <a href="https://www.npapersons.org/npapersons-npa

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1 Cillin					
Permit #:	MA0000787	Permittee:	MASSPORT AUTHORITY - LOGAN	Facility:	LOGAN INTERNATIONAL AIRPORT
Major:	No	Permittee Address:	ONE HARBORSIDE DV., SUITE 200S BOSTON, MA 02128-2909	Facility Location:	ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128
Permitted Feature:	03A External Outfall	Discharge:	03A-A OUTFALL 03A PORTER ST TO BOSTON INNER HARBOR		
Report Dates & Status					
<b>Monitoring Period:</b>	From 08/01/24 to 08/31/24	DMR Due Date:	09/15/24	Status:	NetDMR Validated
Considerations for Form Com	npletion				
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)					

	Parameter	Monitoring Location	Season #	Param. NODI			Q	uantity or Loa	ding				Quality or Cor	ncentration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample	= 0	.259	=	1.561	03 - MGD								01/30 - Monthly	ES - ESTIMA
00056	Flow rate	1 - Effluent Gross	0		Permit Req.	R	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/30 - Monthly	ES - ESTIMA
			_		Value NODI														
					Sample						=	7.9		=	7.9	12 - SU		01/30 - Monthly	GR - GRAB
00400	pH	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM		<=	8.5 MAXIMUM	12 - SU		01/30 - Monthly	GR - GRAB
00.00	<b>F</b>				Value NODI														
					Sample						-	11.0		-	11.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO AVG		<=	100.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	conac, total cacponaca	. Lindon Grood			Value NODI														
					Sample									<	4.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.									<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	on a ordass	1 Emacin Cross			Value NODI														
					Sample						=	20.0		=	20.0	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
61211	Enterococci	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
0.2					Value NODI														
					Sample						=	110.0		=	110.0	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
7 1000	comoning room gonoral	. Indone Gross	J		Value NODI														

### **Submission Note**

Form NODI:

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**Edit Check Errors** 

No errors.

Comments

Please see the August 2024 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

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Permit #:	MA0000787	Permittee:	MASSPORT AUTHORITY - LOGAN	Facility:	LOGAN INTERNATIONAL AIRPORT
Major:	No	Permittee Address:	ONE HARBORSIDE DV., SUITE 200S BOSTON, MA 02128-2909	Facility Location:	ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128
Permitted Feature:	04A External Outfall	Discharge:	<b>04A-A</b> MAVERICK ST TO BOSTON INNER HARBOR OUTFALL 04A		
Report Dates & Status					
<b>Monitoring Period:</b>	From 08/01/24 to 08/31/24	DMR Due Date:	09/15/24	Status:	NetDMR Validated
Considerations for Form Com	npletion				
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:				•	
No Data Indicator (NODI)					

	Parameter	Monitoring Location	Season #	Param. NODI			Q	uantity or Loa	ading				Quality or Cor	ncentration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier '	Value 1	Qualifier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample	=	0.09	=	0.775	03 - MGD								01/30 - Monthly	ES - ESTIMA
00056	Flow rate	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/30 - Monthly	ES - ESTIMA
			_		Value NODI														
					Sample						=	7.86		=	7.86	12 - SU		01/30 - Monthly	GR - GRAB
00400	pH	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM		<=	8.5 MAXIMUM	12 - SU		01/30 - Monthly	GR - GRAB
	<b>F</b>				Value NODI														
					Sample						=	40.0		=	40.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO AVG		<=	100.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	Condo, total Guopondou	1 Lindon Groce			Value NODI														
					Sample									<	4.0	19 - mg/L		01/30 - Monthly	GR - GRAB
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.									<=	15.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB
00000	on a ordato	1 Lindon Groot			Value NODI														
					Sample						=	10.0		=	10.0	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
61211	Enterococci	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	3Z - CFU/100mL		01/30 - Monthly	GR - GRAB
01211	Lineirosson	1 Lindon Groce			Value NODI														
					Sample						<	10.0		<	10.0	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
74055	Coliform, fecal general	1 - Effluent Gross	0		Permit Req.							Req Mon MOAV GEO			Req Mon DAILY MX	30 - MPN/100mL		01/30 - Monthly	GR - GRAB
, 1000	John J. H., 1994 general	- Lindon Gross			Value NODI														

### **Submission Note**

Form NODI:

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**Edit Check Errors** 

No errors.

Comments

Please see the August 2024 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN**