This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit :	<b>#</b> :	MA0000787			Permittee	<b>e</b> :	N	MASSPORT	AUTHORITY - LO	GAN			Facili	ity:		LOGAN	INTERNATIONA	L AIRPOF	RT	
Major:		No			Permittee	e Address			ORSIDE DV., SUIT 1A 02128-2909	E 200S			Facili	ity Locat	ion:		ARBORSIDE DRI' N, MA 02128	VE, SUITE	E 200S	
Permitt		01A External Outfall			Discharg	e:		<b>)1A-A</b> NORTH OU	TFALL 01A TO WII	NTHROP I	BAY									
Report	Dates & Status																			
Monitor	ing Period:	From 04/01/25 to 04/3	30/25		DMR Due	Date:	C	5/15/25					Status	s:		NetDMF	R Validated			
Consid	erations for Form Comple	tion			_								·							
Princip	al Executive Officer																			
First Na	me:				Title:								Telep	hone:						
Last Na	me:												I							
No Data	Indicator (NODI)																			
Form N																				
	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Loa	ading				Quali	ity or Cond	centration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	1 Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3	Units			
					Sample	=	0.331		1.709	03 - MGD									01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								_	01/30 - Monthly	ES - Estimate
					Value NODI															
					Sample						=	8.46			=	8.46	12 - SU		01/30 - Monthly	GR - Grab
00400	На	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM			<=	8.5 MAXIMUM	12 - SU		01/30 - Monthly	GR - Grab
	•				Value NODI															
					Sample						=	23.0			=	23.0	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
	,				Value NODI															

Req Mon MO AVG

Req Mon MOAV GEO

Req Mon MOAV GEO

70.0

470.0

01/30 - Monthly

4.0

70.0

470.0

15.0 DAILY MX

Req Mon DAILY MX 28 - ug/L

Req Mon DAILY MX 3Z - CFU/100mL

Req Mon DAILY MX 3Z - CFU/100mL

19 - mg/L

19 - mg/L

28 - ug/L

3Z - CFU/100mL

3Z - CFU/100mL

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.

Sample

Permit Req.

Value NODI

Sample

Permit Req.

**Value NODI** 

Sample

Permit Req.

Value NODI

Sample

Permit Req.

**Value NODI** 

**Edit Check Errors** 

No errors.

00556

34030

Oil & Grease

Benzene

74055 Coliform, fecal general

61211 Enterococci

1 - Effluent Gross

1 - Effluent Gross

1 - Effluent Gross

1 - Effluent Gross

0

0

0

Permit

**Comments** 

**Attachments** 

DMR Copy of Record

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.npace-need-to-public-need-to-publi

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Facility:

LOGAN INTERNATIONAL AIRPORT

**MASSPORT AUTHORITY - LOGAN** 

Major:	No			Pe	rmittee Add	dress:		HARBORSIDE D ON, MA 02128-		E 200S				Facility Location:	ONE HARBORS BOSTON, MA 0		VE, SUIT	E 200S	
Permit	ted Feature: 01B	ernal Outfall		Di	scharge:		01B-A DEICII	NG EPISODES	NORTH C	OUTFALL	01B								
Report	t Dates & Status																		
Monito	oring Period: Fro	m 04/01/25 to 04/30/25		DI	/IR Due Dat	e:	05/15/2	25						Status:	NetDMR Valida	ted			
Consid	derations for Form Completion																		
Princip	pal Executive Officer																		
First N				Tit	lo									Telephone:					
				111	ie.									relephone.					
Last N																			
	ta Indicator (NODI)																		
Form N																			
Code	Parameter Name	Monitoring Location	Season	# Param. NOD	I .	Qualifier 1 Value 1	Quantity or	Loading Value 2	Unito	Qualifier 1	Value 1 Ou	rolifion 2 Vol	Qualifier 3	Quality or Concentration Value 3		Units	# of Ex.	Frequency of Analysis	Sample Type
Code	Name				Sample			.709	03 - MGD		value i Qu	Jaillei Z Va	lue 2 Qualifier 3	value		Units		01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.			eq Mon DAILY MX										01/30 - Monthly	ES - Estimate
	1.01.701.0				Value NODI														
					Sample								=	7.92		19 - mg/	L	01/30 - Monthly	GR - Grab
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Permit Req.									Req Mon DAILY MX		19 - mg/	L	01/30 - Monthly	GR - Grab
					Value NODI														
					Sample								=	60.0		19 - mg/		01/30 - Monthly	GR - Grab
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.									Req Mon DAILY MX		19 - mg/	L	01/30 - Monthly	GR - Grab
					Value NODI														
					Sample			56.0	26 - lb/d									01/30 - Monthly	CA - Calculated
00310	BOD, 5-day, 20 deg. C	EG - Effluent Gross	0		Permit Req.		R	eq Mon DAILY MX	26 - lb/d									01/30 - Monthly	CA - Calculated
					Value NODI														
					Sample									D. M. DAHLYAMY		20 "		04/014 0 0 0	00.0.1
51568	Nonylphenol	1 - Effluent Gross	0		Permit Req.									Req Mon DAILY MX	D . ITI. D . I	28 - ug/L	-	01/SN - Once Per Season	GR - Grab
					Value NODI									9 - Conditional Monitoring - Not	Required This Period				
					Sample Permit Req.								=	26.9 Reg Mon DAILY MX		19 - mg/		01/30 - Monthly 01/30 - Monthly	GR - Grab GR - Grab
61163	Propylene glycol, total	1 - Effluent Gross	0		Value NODI									Req MOIT DAILT MIX		19 - mg/	_	01/30 - World lly	GR - Glab
																		21/22 21 11	25 2 1
					Sample Permit Req.								=	150.0 Reg Mon DAILY MX		19 - mg/ 19 - mg/		01/30 - Monthly 01/30 - Monthly	GR - Grab GR - Grab
81017	Chemical Oxygen Demand [CO	1 - Effluent Gross	0		Value NODI									red Moli Brief Mix		15 mg/	_	01/30 Worlding	OK GIAD
							2	120.0	26 - Ib/d									04/20 Monthly	CA - Calculated
04047	01	50 5#			Sample Permit Req.			139.0 leq Mon DAILY MX										01/30 - Monthly 01/30 - Monthly	CA - Calculated
81017	Chemical Oxygen Demand [CO	D] EG - Effluent Gross	U		Value NODI			,											
					Sample								<	1000.0		28 - ug/L		03/SN - Three Per Season	GR - Grah
95912	Tolytriazole	1 - Effluent Gross	0		Permit Req.									Reg Mon DAILY MX		28 - ug/L		03/SN - Three Per Season	

## **Submission Note**

Permit #:

MA0000787

Permittee:

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.

Value NODI

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Permit #: MA0000787 Permittee: MASSPORT AUTHORITY - LOGAN Facility: LOGAN INTERNATIONAL AIRPORT Major: No **Permittee Address:** ONE HARBORSIDE DV., SUITE 200S **Facility Location:** ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128-2909 BOSTON, MA 02128 **Permitted Feature:** 01D Discharge: 01D-A **External Outfall** STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY OUTFALL 01D Report Dates & Status **DMR Due Date: Monitoring Period:** From 04/01/25 to 04/30/25 05/15/25 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer** Telephone: **First Name:** Title: **Last Name:** No Data Indicator (NODI) Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Lo	ading				Quality or C	oncenti	ation			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2 Va	alue 2	Qualifier 3	Value 3	Units			
					Sample	=	42.0	=	42.0	8D - gal/mo								0	1/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.		Req Mon MO TOTAL		Req Mon DAILY MX	8D - gal/mo								0	01/30 - Monthly	ES - Estimate
					Value NODI															
					Sample						=	6.49		-	6.49		12 - SU	0	01/30 - Monthly	GR - Grab
00400	pH	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL			Req Mo	n DAILY MX	12 - SU	0	01/30 - Monthly	GR - Grab
	P				Value NODI															
					Sample						<	0.001		<	0.001		19 - mg/L	0	1/30 - Monthly	GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL		<	:= 100.0 D	AILY MX	19 - mg/L	0	01/30 - Monthly	GR - Grab
	,				Value NODI															
					Sample									<	0.001		19 - mg/L	0	01/30 - Monthly	GR - Grab
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.									<	= 15.0 DA	ILY MX	19 - mg/L	0	1/30 - Monthly	GR - Grab
00000		2			Value NODI															
					Sample						<	0.001		<	0.001		19 - mg/L	0	1/30 - Monthly	GR - Grab
34030	Benzene	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL			Req Mo	n DAILY MX	19 - mg/L	0	01/30 - Monthly	GR - Grab
					Value NODI															

## 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.

**Edit Check Errors** 

No errors.

Comments

# Attachments

 Name
 Type
 Size

 April\_01D\_01E.pdf
 338789.0

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN** 

User: SARAHRAY

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit Permit #: MA0000787 Permittee: MASSPORT AUTHORITY - LOGAN Facility: LOGAN INTERNATIONAL AIRPORT Major: No **Permittee Address:** ONE HARBORSIDE DV., SUITE 200S **Facility Location:** ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128-2909 BOSTON, MA 02128 **Permitted Feature:** 01E Discharge: 01E-A **External Outfall** STORMWATER ASSOCIATED WITH INDUSTRIAL ACTIVITY OUTFALL 01E Report Dates & Status DMR Due Date: **Monitoring Period:** From 04/01/25 to 04/30/25 05/15/25 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer First Name:** Title: Telephone: **Last Name:** No Data Indicator (NODI) Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Lo	ading			Quality or 0	Concent	ration			# of Ex.	Frequency of Analysis	Sample Type	
Code	Name					Qualifier 1	Value 1	Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2 V	alue 2	Qualifier 3	Value 3	Units			
					Sample	=	42.0	=	42.0	8D - gal/mo								(	01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.		Req Mon MO TOTAL		Req Mon DAILY MX	8D - gal/mo								(	01/30 - Monthly	ES - Estimate
					Value NODI															
					Sample						=	6.36		-	= 6.36	1	12 - SU	(	01/30 - Monthly	GR - Grab
00400	pH	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL			Req	Mon DAILY MX	12 - SU	C	01/30 - Monthly	GR - Grab
	P				Value NODI															
					Sample						=	5.3		-	5.3		19 - mg/L	(	01/30 - Monthly	GR - Grab
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.							Req Mon MO TOTAL		•	<= 100.	0 DAILY MX	19 - mg/L	C	01/30 - Monthly	GR - Grab
					Value NODI															
					Sample										< 0.00	1	19 - mg/L	(	01/30 - Monthly	GR - Grab
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.										<= 15.0	DAILY MX	19 - mg/L	C	01/30 - Monthly	GR - Grab
00000	on a oroaco	1 Emaoni Gross			Value NODI															
					Sample						<	0.001			0.00	1	19 - mg/L	(	01/30 - Monthly	GR - Grab
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															

## 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.

**Edit Check Errors** 

No errors.

Comments

# Attachments

 Name
 Type
 Size

 April\_01D\_01E.pdf
 338789.0

Report Last Saved By

**MASSPORT AUTHORITY - LOGAN** 

User: SARAHRAY

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

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 04/01/25 to 04/30/25	DMR Due Date:	05/15/25	Status:	NetDMR Validated
Considerations for Form Comple	etion				
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 1	Value 1	Qualifier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample	= 1	1.084	=	5.693	03 - MGD								01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/30 - Monthly	ES - Estimate
					Value NODI														
					Sample						=	7.03		=	7.03	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
	P**				Value NODI														
					Sample						-	44.0		-	44.0	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	. Emdon 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 ordaos	1 Zimacini Greec			Value NODI														
					Sample						-	80.0		-	80.0	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	Lineiossoi	. Emdon Grood			Value NODI														
					Sample						=	190.0		=	190.0	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	comon, rocal gonoral				Value NODI														

**Submission Note** 

Form NODI:

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

Please see the April 2025 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

Report Last Saved By

Form Approved OMB No. 2040-0004 expires on 07/31/2026 **DMR Copy of Record** 

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 cell phone number or 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 NPDES eReporting Help Desk for further guidance. Please note that EPA may contact you after you submit this report for more information.

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

MASSPORT AUTHORITY - LOGAN

Facility:

LOGAN INTERNATIONAL AIRPORT

Major:	No				Permittee	Address:		ONE HARBORSIDE BOSTON, MA 02128		E 200S		Facility Location:	ONE HARBORS BOSTON, MA 0		/E, SUIT	E 200S	
Permit	ted Feature: 02E Ext	3 ernal Outfall			Discharge	:		02B-A DEICING EPISODES	S WEST O	UTFALL	02B						
Report	Dates & Status			J													
Monito	ring Period: Fro	m 04/01/25 to 04/30/25			DMR Due	Date:	(	05/15/25				Status:	NetDMR Valida	ted			
Consid	derations for Form Completion			'								1					
Princip	pal Executive Officer																
First N					Title:							Telephone:					
Last Na																	
	a Indicator (NODI)			ļ													
Form N																	
	Parameter	Monitoring Location	Season	n # Param. No	ODI		Quan	tity or Loading				Quality or Concentration			# of Ex.	. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1 Valu	e 1 Qualifi			Qualifier 1	1 Value 1 Qualifier 2 Value 2 Qualifier	Value 3	1	Units			
					Samp		=	5.693	03 - MGD							01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit			Req Mon DAILY MX	03 - MGD							01/30 - Monthly	ES - Estimate
					Value N												
					Samp Permit						=	5.02 Req Mon DAILY MX		19 - mg/l		01/30 - Monthly 01/30 - Monthly	GR - Grab GR - Grab
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Value N							Red MOLI DAILT MY		19 - mg/l	-	01/30 - Moritrily	GR - Glab
					Samp						=	78.0		19 - mg/l		01/30 - Monthly	GR - Grab
00210	POD 5 day 20 day C	1 - Effluent Gross	0		Permit							Req Mon DAILY MX		19 - mg/l		01/30 - Monthly	GR - Grab
00310	BOD, 5-day, 20 deg. C	i - Eiliuent Gioss	U		Value N	ODI										,	
					Samp	le	=	3706.0	26 - Ib/d							01/30 - Monthly	CA - Calculated
00310	BOD, 5-day, 20 deg. C	EG - Effluent Gross	0		Permit	Req.		Req Mon DAILY MX	26 - Ib/d							01/30 - Monthly	CA - Calculated
					Value N	ODI											
					Samp	le											
51568	Nonylphenol	1 - Effluent Gross	0		Permit	Req.						Req Mon DAILY MX		28 - ug/L	-	01/SN - Once Per Season	GR - Grab
					Value N	ODI						9 - Conditional Monitoring - Not	Required This Period				
					Samp						=	30.8		19 - mg/l		01/30 - Monthly	GR - Grab
61163	Propylene glycol, total	1 - Effluent Gross	0		Permit	Req.						Req Mon DAILY MX		19 - mg/l	느	01/30 - Monthly	GR - Grab
					Value N	ODI											
					Samp						=	190.0		19 - mg/l		01/30 - Monthly	GR - Grab
81017	Chemical Oxygen Demand [CO	D] 1 - Effluent Gross	0		Permit							Req Mon DAILY MX		19 - mg/l	L	01/30 - Monthly	GR - Grab
					Value N	ODI											
					Samp		=	9027.0	26 - lb/d							01/30 - Monthly	CA - Calculated
81017	Chemical Oxygen Demand [CO	<b>D]</b> EG - Effluent Gross	0		Permit			Req Mon DAILY MX	26 - lb/d							01/30 - Monthly	CA - Calculated
					Value N												
					Samp						<	1000.0		28 - ug/L		03/SN - Three Per Season	
05012	Tolytriozolo	1 Effluent Greec	0		Permit	keq.						Reg Mon DAILY MX		28 - ug/L	.	03/SN - Three Per Season	GR - Grab

## **Submission Note**

85813 Tolytriazole

Permit

Permit #:

MA0000787

Permittee:

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.

**Value NODI** 

1 - Effluent Gross

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

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					
Monitoring Period:	From 04/01/25 to 04/30/25	DMR Due Date:	05/15/25	Status:	NetDMR Validated
Considerations for Form Comp	pletion				
Principal Executive Officer					
First Name:		Title:		Telephone:	
Last Name:					

	Parameter	Monitoring Location	Season #	Param. NODI			C	Quantity or Loa	ding					Quality or Cor	ncentration			# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Va	alue 2	Units	Qualifier 1	Value 1	Qualifier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample	= (	0.245	=	1.55		03 - MGD								01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon I	DAILY MX	03 - MGD								01/30 - Monthly	ES - Estimate
					Value NODI															
					Sample							=	8.42		=	8.42	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							<	5.0		<	5.0	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 odopondod	1 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 ordaos	1 Lindon Gross			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			GR - Grab
01211	Zinioi ococci	1 Lindon Grood			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
500	John Start Golford				Value NODI															

**Submission Note** 

No Data Indicator (NODI)

Form NODI:

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

Please see the April 2025 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

Report Last Saved By

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

		·																	
Permit																			
Permit #:	MA0000787		Permit	tee:	1	MASSPORT AU	THORITY - I	LOGAN						Facility:	LO	GAN INTE	RNATIO	NAL AIRPORT	
Major:	No		Permit	tee Address:		ONE HARBORSI BOSTON, MA 02		JITE 200S						Facility Location		E HARBO STON, MA		RIVE, SUITE 200S	
Permitted Featu	ure: 03B External Outfal	II	Discha	rge:		<b>03B-A</b> INDUSTRIAL ST	ORMWATE	R PAVEMEN	IT/RUNWAY	/ DEICING	OUTFALL 03	BB							
Report Dates &	Status		_																
Monitoring Per	iod: From 04/01/25	to 04/30/25	DMR D	ue Date:	(	05/15/25								Status:	Net	DMR Vali	dated		
Considerations	for Form Completion		Ī																
Principal Execu	utive Officer																		
First Name:			Title:											Telephone:					
Last Name:														·					
No Data Indicat	tor (NODI)		•																
Form NODI:																			
	Parameter	Monitoring Location	Season #	Param. NODI		Qua	ntity or Loadi	ng				Q	uality or Concentration				# of Ex.	Frequency of Analysis	Sample Typ
Code	Name					Qualifier 1 Value	2 1 Qualifier 2	2 Value 2 Unit	s Qualifier 1	Value 1 Qu	alifier 2 Value	2 Qualifier 3		Value 3		Units			

	Parameter	Monitoring Location	Season #	Param. NODI			Quantit	ty or Loadin	ng		Quality or Concentration		# 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 Qualifie	er 3 Value 3	Units			
					Sample										
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	70 / 1 1				Value NODI						9 - Conditional Monitoring - Not Required This Period				
					Sample										
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	, , ,				Value NODI						9 - Conditional Monitoring - Not Required This Period				
					Sample										
51568	Nonylphenol	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	28 - ug/L		01/SN - Once Per Season	GR - Grab
					Value NODI						9 - Conditional Monitoring - Not Required This Period				
					Sample										
61163	Propylene glycol, total	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Value NODI						9 - Conditional Monitoring - Not Required This Period				
					Sample										
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,,,				Value NODI						9 - Conditional Monitoring - Not Required This Period				
					Sample										
85813	Tolytriazole	1 - Effluent Gross	0		Permit Req.						Req Mon DAILY MX	28 - ug/L		03/SN - Three Per Season	GR - Grab
					Value NODI						9 - Conditional Monitoring - Not Required This Period				

**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.

**Edit Check Errors** 

No errors.

Comments

**Attachments** 

No attachments.

Report Last Saved By

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

1 Gillin					
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 04/01/25 to 04/30/25	DMR Due Date:	05/15/25	Status:	NetDMR Validated
Considerations for Form (	Completion				
Principal Executive Office	r				
First Name:		Title:		Telephone:	
Last Name:					
No Data Indicator (NODI)		•			

	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loadii Qualifier 1 Value 1 Qualifier 2			ading				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	=	0.073	=	0.382	03 - MGD								01/30 - Monthly	ES - Estimate
00056	Flow rate	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/30 - Monthly	ES - Estimate
					Value NODI														
					Sample						=	7.0		=	7.0	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						=	24.0		=	24.0	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	Solius, 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		. Lindon Grood			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	Zintorooodi	. Lindon Grood			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
1 1000	Coliform, fecal general 1 -				Value NODI														

## **Submission Note**

Form NODI:

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

Please see the April 2025 monthly sampling report attached to 01A-A - NORTH OUTFALL 01A TO WINTHROP BAY.

Attachments

No attachments.

Report Last Saved By

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit																						
Permit #:		MA0000787	Permit	tee:	N	MASSPOR	T AUTH	ORITY - L	_OGAN								Facility:	LOGA	AN INTE	RNATIO	NAL AIRPORT	
Major:		No	Permit	tee Address:		ONE HARB BOSTON, M			IITE 200S								Facility Location:		HARBOI TON, MA		PRIVE, SUITE 200S	
Permittee		06B External Outfall	Discha	arge:		<b>)6B-A</b> AIRFIELD <i>F</i>	A21 IND	USTRIAL	STORMW	/ATER PAVE	MEN	T/RUNWAY	DEICIN	G								
Report D	ates & Status																					
Monitorii	ng Period:	From 04/01/25 to 04/30/25	DMR D	ue Date:	C	5/15/25											Status:	NetD	MR Valid	dated		
Consider	rations for Form Co	ompletion																				
Principal	Executive Officer																					
First Nan	ne:		Title:														Telephone:					
Last Nan	ne:																					
No Data	Indicator (NODI)																					
Form NO	DI:																					
	Parameter	Monitoring Location	Season #	Param. NODI				ty or Loadii								uality or Concentration				# of Ex.	Frequency of Analysis	Sample Typ
Code	Nam	ie .				Qualifier 1	Value 1	Qualifier 2	2 Value 2 U	Jnits Qualifier	1 Valu	ue 1 Qualifier	2 Value	2 Qualifie	er 3		Value 3		Units			
					Sample																	

	Parameter	Monitoring Location	Season #	Param. NODI			Quanti	ty or Loadin	ng			(	Quality or Concentration		# of Ex.	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units Qualifier 1	1 Value 1 Qualifier 2 Val	ue 2 Qualifier 3	Value 3	Units			
					Sample												
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,g,				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	, ,				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
51568	51568 Nonylphenol	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	28 - ug/L		01/SN - Once Per Season	GR - Grab
					Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
61163	Propylene glycol, total	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	Stoppisms g.yees, seem				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,3				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
85813	Tolytriazole	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	28 - ug/L		03/SN - Three Per Season	GR - Grab
	85813 I Olytriazole				Value NODI								9 - Conditional Monitoring - Not Required This Period				

**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.

**Edit Check Errors** 

No errors.

Comments

**Attachments** 

No attachments.

Report Last Saved By

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit #: MA0000787																						
Major: No Permittee Address: ONE HARBORSIDE DV., SUITE 200S BOSTON, MA 02128-2909  Permitted Feature: 07B External Outfall  Report Dates & Status  Monitoring Period: From 04/01/25 to 04/30/25  Discharge: ONE HARBORSIDE DV., SUITE 200S BOSTON, MA 02128-2909  ONE HARBORSIDE DRIVE, SUITE 200S BOSTON, MA 02128  AIRFIELD A33 INDUSTRIAL STORMWATER PAVEMENT/RUNWAY DEICING  Status: NetDMR Validated	Permit																					
Permitted Feature: 07B	Permit #:	MA0000787		Permitt	tee:	N	MASSPORT	AUTHO	ORITY - LO	OGAN							Facility:	l	LOGAN INTE	RNATIO	NAL AIRPORT	
External Outfall AIRFIELD A33 INDUSTRIAL STORMWATER PAVEMENT/RUNWAY DEICING  Report Dates & Status  Monitoring Period: From 04/01/25 to 04/30/25 DMR Due Date: 05/15/25 Status: NetDMR Validated	Major:	No		Permitt	tee Address:					TE 200S							Facility Loca				PRIVE, SUITE 200S	
Monitoring Period: From 04/01/25 to 04/30/25 DMR Due Date: 05/15/25	Permitted Feat		fall	Discha	rge:			33 INDL	JSTRIAL S	STORMWATE	ER PAVEM	IENT/RU	JNWAY DE	EICING								
	Report Dates &	& Status																				
Considerations for Form Completion	<b>Monitoring Per</b>	riod: From 04/01/	25 to 04/30/25	DMR D	ue Date:	0	)5/15/25										Status:	ı	NetDMR Val	idated		
	Considerations	s for Form Completion																				
Principal Executive Officer	Principal Execu	cutive Officer																				
First Name: Telephone:	First Name:			Title:													Telephone:					
Last Name:	Last Name:																					
No Data Indicator (NODI)	No Data Indica	ator (NODI)		·																		
Form NODI:	Form NODI:																					
Parameter Monitoring Location Season # Param. NODI Quantity or Loading Quantity or Loading Sample		Parameter	Monitoring Location	Season #	Param. NODI			Quantity	y or Loadin	g					(	Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Typ
Code Name Qualifier 1 Value 1 Qualifier 2 Value 2 Units Qualifier 2 Value 2 Units Qualifier 3 Value 3 Units	Code	Name					Qualifier 1	/alue 1	Qualifier 2	Value 2 Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3		Value 3		Units			

	Parameter	Monitoring Location	Season #	Param. NODI			Quantity	y or Loading	g				Q	Quality or Concentration		# of Ex.	. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2 U	Units Qualifier 1	Value 1 Qual	fier 2 Value 2	Qualifier 3	Value 3	Units			
					Sample													
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	Chygan, macanca [20]				Value NODI									9 - Conditional Monitoring - Not Required This Period				
					Sample													
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	, , , , , , , , , , , , , , , , , , , ,				Value NODI									9 - Conditional Monitoring - Not Required This Period				
					Sample													
51568	568 Nonylphenol 1 - E	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	28 - ug/L		01/SN - Once Per Season	GR - Grab
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Value NODI									9 - Conditional Monitoring - Not Required This Period				
					Sample													
61163	Propylene glycol, total	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Value NODI									9 - Conditional Monitoring - Not Required This Period				
					Sample													
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,3,				Value NODI									9 - Conditional Monitoring - Not Required This Period				
					Sample													
85813	Tolytriazole	1 - Effluent Gross	0		Permit Req.								F	Req Mon DAILY MX	28 - ug/L		03/SN - Three Per Season	GR - Grab
					Value NODI									9 - Conditional Monitoring - Not Required This Period				

**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.

**Edit Check Errors** 

No errors.

Comments

**Attachments** 

No attachments.

Report Last Saved By

This collection of information is approved by OMB under the Paperwork Reduction Act, 44 U.S.C. 3501 et seq. (OMB Control No. 2040-0004). Responses to this collection of information are mandatory in accordance with this permit and EPA NPDES regulations 40 CFR 122.41(I)(4)(i). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The public reporting and recordkeeping burden for this collection of information are estimated to average 2 hours per outfall. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates and any suggested methods for minimizing respondent burden to the Regulatory Support Division Director, U.S. Environmental Protection Agency (2821T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

Permit																						
Permit #:		MA0000787	Permit	ttee:		MASSPOR	T AUTH	HORITY - L	.OGAN							Fac	ility:	LOGAN	INTER	RNATIO	NAL AIRPORT	
Major:		No	Permit	ttee Address:		ONE HARB BOSTON, N			ITE 200S							Fac		ONE HA			RIVE, SUITE 200S	
Permitted	Feature:	08B External Outfall	Discha	arge:		<b>08B-A</b> AIRFIELD <i>F</i>	A8 INDU	JSTRIAL S	STORMWAT	ER PAVEM	ENT/R	RUNWAY DI	EICING									
Report Da	tes & Status		·																			
Monitoring	Period:	From 04/01/25 to 04/30/25	DMR D	Oue Date:		05/15/25										Sta	tus:	NetDMR	R Valid	ated		
Considera	tions for Form Co	ompletion																				
Principal E	Executive Officer																					
First Name	<b>:</b> :		Title:													Tele	ephone:					
Last Name	<b>:</b> :															•						
No Data In	dicator (NODI)		•																			
Form NOD	l:																					
	Parameter	Monitoring Location	Season #	Param. NODI			Quanti	ty or Loadin	g						Quality or Concentration	on				# of Ex.	Frequency of Analysis	Sample Typ
Code	Nan	ne				Qualifier 1	Value 1	Qualifier 2	Value 2 Unit	s Qualifier 1	Value	1 Qualifier 2	Value 2	Qualifier 3	3	Va	lue 3	U	Jnits			
					01-																	

	Farameter	Worldoning Location	Season #	Parami. NODI			Quantit	ly or Loadin	ig				quality of Concentration		# OI EX.	. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units Qualifier 1	Value 1 Qualifier 2	2 Value 2 Qualifier 3	3 Value 3	Units			
					Sample												
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,3. ,				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	, ,				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
51568	51568 Nonylphenol	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	28 - ug/L		01/SN - Once Per Season	GR - Grab
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
61163	Propylene glycol, total	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	1,5 = 3,5 = 7				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	19 - mg/L		03/SN - Three Per Season	GR - Grab
	,3				Value NODI								9 - Conditional Monitoring - Not Required This Period				
					Sample												
85813	Tolytriazole	1 - Effluent Gross	0		Permit Req.								Req Mon DAILY MX	28 - ug/L		03/SN - Three Per Season	GR - Grab
220.0	85813 I Olytriazole				Value NODI								9 - Conditional Monitoring - Not Required This Period				

**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.

**Edit Check Errors** 

No errors.

Comments

**Attachments** 

No attachments.

Report Last Saved By