DMR Copy of Record

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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	t					_											
Permit	: #:	CTP00242	1			Permitte	e:		Tweed-No	ew Haven Airpo	rt Autho	rity		Facility	/:		
Major:		No	Permittee Address:			155 Burr Street New Haven, CT 06512						Facility Location:					
Permit	tted Feature:	201 External Ou	Discharge:			201-1 Aircraft D	Deicing Fluid										
Report	t Dates & Status																
Monito	oring Period:	From 10/0	01/24 to 10/31/	24		DMR Due Date:			11/30/24						Status:		
Consid	lerations for Form Com	pletion															
Princip	oal Executive Officer																
First N	lame:	Thomas				Title:			Executive	e Director				Teleph	one:		
Last N	ame:	Rafter												·			
No Da	ta Indicator (NODI)																
Form I	NODI:																
Carda	Parameter		Monitoring Location	Season #	Param. NODI		Qualifian		antity or Loa		Unite	Ovelifier	Value 4		ality or Concent		
Code	Name		Location	"	NODI		Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qu	
						Sample	=	3093.8			07 - gal/d						
00056	Flow rate		1 - Effluent Gross	0		Permit		Req Mon MO			07 -						
						Req. Value NODI		AVG			gal/d						
						Sample			=	0.41	26 - lb/d			=	16.0	=	
						Permit									Req Mon MO	-	
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Req.			<=	6000.0 DAILY MX	26 - lb/d				AVG		
						Value NODI											
						Sample							7.8			=	
00400	рН		1 - Effluent Gross	0		Permit Req.							6.0 INST MIN			<=	
						Value NODI											
						Sample								=	15.0	=	
00530	Solids, total suspended		1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		
						Value											
						NODI	-				07 -					_	
	Flam marine during	24 h				Sample			=	3093.8	gal/d						
50047	Flow, maximum during period	24 hr	1 - Effluent Gross	0		Permit Req.			<=	36000.0 DAILY MX	07 - gal/d						
						Value NODI											
			1 - Effluent Gross	0		Sample								=	0.0	=	
61163	Propylene glycol, total					Permit									Req Mon MO		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Req. Value									AVG		
						NODI											

TWEED-NEW HAVEN REGIONAL AIRPORT
155 BURR ST
NEW HAVEN, CT 06512

NetDMR Validated

203-466-8833

ion ualifier	Value 3	Units	# of Ex.	Frequency of Analysis	Sample Type
3					
				01/30 - Monthly	TM - TOTALZ
				01/30 - Monthly	TM - TOTALZ
	16.0	19 - mg/L		01/07 - Weekly	CP - COMPOS
	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS
	7.8	12 - SU		01/07 - Weekly	R4 - RNG-4A
	10.0 INST MAX	12 - SU		01/07 - Weekly	R4 - RNG-4A
	15.0	19 - mg/L		01/30 - Monthly	CP - COMPOS
	Req Mon DAILY MX	19 - mg/L		01/30 - Monthly	CP - COMPOS
				01/30 - Monthly	TM - TOTALZ
				01/30 - Monthly	TM - TOTALZ
	0.0	19 - mg/L		01/07 - Weekly	CP - COMPOS
	Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS

	Parameter	Monitoring	Season	Param.	Quantity or Loading						Quality or Concentration							# of	Frequency of	Sample
Code	Name	Location	#	NODI		Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifie 2	Value 2	Qualifier 3	Value 3	Units	Ex.	Analysis	Туре
					Sample										=	7.8	12 - SU		99/99 - Continuous	CN - CONTIN
61941	pH, maximum	1 - Effluent Gross	0		Permit Req.										<=	10.0 INST MAX	12 - SU		99/99 - Continuous	CN - CONTIN
					Value NODI															
					Sample						=	7.8					12 - SU		99/99 - Continuous	CN - CONTIN
61942	pH, minimum	1 - Effluent Gross	0		Permit Req.						>=	6.0 INST MIN					12 - SU		99/99 - Continuous	CN - CONTIN
					Value NODI															
					Sample			=	3093.8	07 - gal/d									01/07 - Weekly	TM - TOTALZ
74076	Flow	1 - Effluent Gross	0		Permit Req.			<=	36000.0 DAILY MX	07 - gal/d									01/07 - Weekly	TM - TOTALZ
					Value NODI															
					Sample								=	45.0	=	45.0	19 - mg/L		01/07 - Weekly	CP - COMPOS
81017	Chemical Oxygen Demand [COD]	1 - Effluent Gross	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Value NODI															
Submi	ission Note																			
	rameter row does not contain any val	ues for the Sample	nor Efflu	ent Trading	then none	of the follo	wing fields	will be sub	mitted for that	row: Un	its Numh	er of Excur	sions Fre	auency of Ana	lysis and	Sample Type				

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	
Tweed-New Haven Airport Authority	
User:	FSURIEL@FLYTWEED.COM
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E-Mail:	fsuriel@flytweed.com
Date/Time:	2024-11-12 17:12 (Time Zone: -05:00)
Report Last Signed By	
User:	FSURIEL@FLYTWEED.COM
Name:	Felipe Suriel
E-Mail:	fsuriel@flytweed.com
Date/Time:	2024-11-12 17:17 (Time Zone: -05:00)