Facility:

Permit

Permit #:

## **DMR Copy of Record**

CTP002421

Form Approved OMB No. 2040-0004 expires on 07/31/2026

TWEED-NEW HAVEN REGIONAL AIRPORT

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 122.1(1)(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.

Tweed-New Haven Airport Authority

Permittee:

Major: No					Pe	Permittee Address:			155 Burr Street New Haven, CT 06512					y Location:	1! N	55 BURR ST EW HAVEN, CT 0					
Permi	tted Feature:	201 External Outfall					Discharge:			<b>201-1</b> Aircraft Deicing Fluid											
Repor	t Dates & Status																				
Monitoring Period:		From 09/01/25 to 09/30/25					DMR Due Date:			31/25				Status	5:	N	etDMR Validate	ed			
Consid	lerations for Form Com	pletion																			
Princip	pal Executive Officer																				
First Name:		Thomas				Tit	Title:			Executive Director					hone:	20	203-466-8833				
Last Name:		Rafter																			
No Da	ta Indicator (NODI)																				
Form																					
Code	Parameter Name		Monitoring Location	Season #	Param. NODI		Qualifier	Quan Value 1	tity or Loading Qualifier Value 2		Unite	Qualifier	Value 1	Qua Qualifier	lity or Concentrat Value 2	ion Qualifier	Value 3	Units	# of Ex.		Sample Type
Coue	Name						1	value 1	2	value 2	Units	1	value 1	2	value 2	3	value 3	Units			
00056						Sample Permit					07 -										
	Flow rate		1 - Effluent Gross	0		Req.		Req Mon MO AVG			ga <b>l</b> /d									01/30 - Monthly	TM - Totalizer
			GIUSS			Value NODI		C - No Discharge													
00310						Sample												10			
	BOD, 5-day, 20 deg. C	a. C	1 - Effluent	0		Permit Req.			<=	6000.0 DAILY MX	26 - lb/d				Req Mon MO AVG	6	Req Mon DAILY MX	DAILY MX mg/L	0	01/07 - Weekly	CP - Composite
	bob, b day, 20 degi c		Gross			Value NODI				C - No Discharge					C - No Discharge		C - No Discharge				
				0		Sample Permit													-		
00400	pH		1 - Effluent Gross			Req.						>=	6.0 INST MIN			<=	10.0 INST MAX	12 - SU		01/07 - Weekly	R4 - RNG-4A
						Value NODI							C - No Discharge				C - No Discharge				
						Sample Permit												10 -			
00530	Solids, total suspended		1 - Effluent	0		Req.									Req Mon MO AVG		Req Mon DAILY MX	mg/L		01/30 - Monthly	CP - Composite
			Gross			Value NODI									C - No Discharge		C - No Discharge				
			1 - Effluent Gross	0		Sample Permit					07 -										
50047	Flow, maximum during					Req.			<=	36000.0 DAILY MX	ga <b>l</b> /d									01/30 - Monthly	TM - Totalizer
	period					Value NODI				C - No Discharge											
			1 - Effluent Gross	0		Sample															
61163	Propylene glycol, total					Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	mg/L		01/07 - Weekly	CP - Composite
01103						Value NODI									C - No Discharge		C - No Discharge				

	Parameter	Monitoring	Season				Qua	antity or Load	ding			Quality or Concentration						# of Frequency o	y of Sample Type
Code	Name	Location	#	NODI		Qualifier 1	Value 1	Qualifier 2	r Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	r Value 3	Units	Ex. Analysis	Ś
61941	pH, maximum		T	,	Sample														
		1 - Effluent Gross	0		Permit Req.										<=	10.0 INST MAX	12 <b>-</b> SU	99/99 - Contin	nuous CN - Continuous
					Value NODI											C - No Discharge			
61942	pH, minimum	1 - Effluent Gross		4	Sample														
			0		Permit Req.						>=	6.0 INST MIN					12 <b>-</b> SU	99/99 - Contin	nuous CN - Continuous
					Value NODI							C - No Discharge							
74076	Flow	1 - Effluent Gross			Sample														
			0		Permit Req.			<=	36000.0 DAILY MX	07 - gal/d								01/07 - Weekl	ly TM - Totalizer
					Value NODI				C - No Discharge										
	A contract of		T		Sample														
81017	Chemical Oxygen Demand [COD]	1 - Effluent	0		Permit Req.									Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	01/07 - Weekl	ly CP - Composite
51017		Gross	Ů		Value NODI									C - No Discharge		C - No Discharge			

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

Tweed-New Haven Airport Authority

User: FSURIEL@FLYTWEED.COM

Name: Felipe Suriel
E-Mail: fsuriel@flytweed.com

Date/Time: 2025-11-05 14:51 (Time Zone: -05:00)

Report Last Signed By

 User:
 FSURIEL@FLYTWEED.COM

 Name:
 Felipe
 Suriel

 E-Mail:
 fsuriel@flytweed.com

Date/Time: 2025-11-05 14:51 (Time Zone: -05:00)