

Towns of Deep River WPCA MOR

APRIL 2018 MONDAY

[illegible]

Organic Solids L/L	N Wet/dry	Ammonia		Nitrate		Nitrite		TKN		Total N		Total P		Ortho Phosphate		Adultery	
		mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L	mg/L
6	94.9525414	21.6	13.4	ND	0.06	ND	0.19	34.8	16.4	34.8	16.7	21.7	0.41	0.16	0.16	127	110
1	98.888178																
12	96																
ND	100																

Sludge Disposal Location:
Municipal Sewer District

Please return forms to:
DEEP - Water Bureau
ATTN: Municipal Wastewater Monitoring Coordinator
Municipal Facilities
70 Elm Street
Hartford, CT 06106-5127

Statement of Acknowledgement

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.

Authorized Official

John Elly

Operator

Title

Signature

1005 BOSTON POST ROAD
MADISON, CT 06443



ENVIRONMENTAL
CONSULTING LABORATORIES, INC.

Phone 203-245-0568
Fax 203-318-0830
Connecticut Certification PH-0535
www.eclinonline.com

Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/10/2018
Receipt Date: 4/10/2018
Report Date: 4/17/2018
Sample Site: Influent

Sample ID#: 117012
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	143	mg/L	SM5210B	2	4/12/2018	KC
Total Suspended Solids	82.0	mg/L	SM2540D	1	4/13/2018	JB

A handwritten signature in black ink, appearing to be 'DB' or similar, written over a horizontal line.

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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Report of Analysis

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99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/10/2018
Receipt Date: 4/10/2018
Report Date: 4/17/2018
Sample Site: Effluent

Sample ID#: 117013
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.22	mg/L	SM5210B	2	4/12/2018	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	4/13/2018	JB

A handwritten signature in black ink, appearing to read 'David Barris', is written over a horizontal line.

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

LIVVING CONSULTING LABORATORIES, INC.

1000 Boston Post Road
Stamford, CT 06443

(203) 245-0503 Phone
(203) 318-0830 Fax

Town of Deep River-WPCF

at Mr. Peter Lewis

35: 89 Winter Ave, Deep River, CT 06417

: 860-526-6044 Fax

Type: [Sample Name: (Print)]

Tadeusz F.W. Liniewski

Project:

Deep River WPCF

Required Analysis

All bacteria samples must have corresponding field chlorine residual recorded

Number of Containers

Sample Type

Time

Date

Sampling Location

Type

Water

Solid

Time

Date

Sampling Location

Type

Grab

Comp

Time

Date

Sampling Location

Type

Number of Containers

Sample Type

Time

Date

Sampling Location

Type

Number of Containers

Sample Type

Time

Date

Sampling Location

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Number of Containers

Sample Type

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Sampling Location

Type

Were Samples received within holding time? ☒ Y ☐ N

Were Samples chilled upon receipt? ☒ Y ☐ N

Were Samples in appropriate containers? ☒ Y ☐ N

If No Explain

Are containers brominated? ☒ Y ☐ N

Did Samples need to be split upon receipt? ☒ Y ☐ N

Were Samples preserved properly? ☒ Y ☐ N

Received by:

Time

Date

Received by:

Time

Date

ed by:

Time

Date

ed by:

Time

Date

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MADISON, CT 06443



ENVIRONMENTAL
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Phone 203-245-0568
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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample ID#: 117147
Sample Type: Wastewater
Sample Source: WWTP
Sampler: Client
Sample Date: 4/17/2018
Receipt Date: 4/17/2018
Report Date: 4/24/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	297	mg/L	SM5210B	2	4/18/2018	KC
Total Suspended Solids	300	mg/L	SM2540D	1	4/20/2018	DB

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/17/2018
Receipt Date: 4/17/2018
Report Date: 4/24/2018
Sample Site: Effluent

Sample ID#: 117148
Sample Type: Wastewater
Sample Source: WWTP
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	8.78	mg/L	SM5210B	2	4/18/2018	KC
Total Suspended Solids	12.0	mg/L	SM2540D	1	4/20/2018	DB

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ND = Not Detected

1005 Boston Post Road
Madison, CT 06443
(203) 245-0568 Phone
(203) 318-0830 Fax

Phone: 860-526-6044

Influent/Effluent Testing

NEW HEBERT

Relinquished by:	Date	Time	Received by:	Were Samples received within holding time? ☒ Y ☐ N Were Samples chilled upon receipt? ☒ Y ☐ N Were Samples in appropriate containers? ☒ Y ☐ N If No Explain _____
Relinquished by:	Date	Time	Received by:	Are containers broken/leaking? ☒ Y ☐ N Did Samples need to be split upon receipt? ☐ Y ☒ N Were Samples presented properly? ☒ Y ☐ N All Materials needed

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis

Sample ID#: 117270
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Sample Date: 4/24/2018
Receipt Date: 4/24/2018
Report Date: 5/1/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	246	mg/L	SM5210B	2	4/25/2018	KC
Total Suspended Solids	228	mg/L	SM2540D	1	4/27/2018	JB

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis

Sample ID#: 117271
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Sample Date: 4/24/2018
Receipt Date: 4/24/2018
Report Date: 5/1/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	4.75	mg/L	SM5210B	2	4/25/2018	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	4/27/2018	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

(203) 245-0568 Phone
(203) 318-0830 Fax

Phone: 860-526-6044 Fax:

Influent/Effluent Testing

TADENSZ F. W. LINIEVSKI

Relinquished by: T.F.W.	Date 04/26/18	Time 1020	Received by: 	Were Samples received within holding time? Y/N Y N
Relinquished by:	Date	Time	Received by:	Were Samples chilled upon receipt? Y/N Y Y N
				Were Samples in appropriate containers? Y/N Y N
				If No Explain
				Are containers broken/leaking? Y/N Y N
				Did Samples need to be split upon receipt? Y/N Y N
				Were Samples preserved properly? Y/N Y N

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/10/2018
Sample Site: Influent

Sample ID#: 116872
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	21.6	mg/L	ASTM D6919-03	0.05	4/8/2018	KC
Nitrate as N	ND	mg/L	EPA300.0	0.1	4/4/2018	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	4/4/2018	JB
Orthophosphate as P	2.48	mg/L	EPA300.0	0.02	4/4/2018	JB
Phosphorous -Total as P	4.62	mg/L	EPA 200.7	0.04	4/9/2018	JM
TKN as N	34.8	mg/L	4500NorgC	0.5	4/9/2018	KC
Total Nitrogen as N	34.8	mg/L	CALC	1	4/10/2018	KC



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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/10/2018
Sample Site: Effluent

Sample ID#: 116873
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	13.4	mg/L	ASTM D6919-03	0.05	4/8/2018	KC
Nitrate as N	0.19	mg/L	EPA300.0	0.1	4/4/2018	JB
Nitrite as N	0.06	mg/L	EPA300.0	0.01	4/4/2018	JB
Orthophosphate as P	0.36	mg/L	EPA300.0	0.02	4/4/2018	JB
Phosphorous -Total as P	0.41	mg/L	EPA 200.7	0.04	4/9/2018	JM
TKN as N	16.4	mg/L	4500NorgC	0.5	4/9/2018	KC
Total Nitrogen as N	16.7	mg/L	CALC	1	4/10/2018	KC



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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis

Sample ID#: 116874
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/9/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical Alkalinity	127	mg/L	SM2320-B	20	4/5/2018	KC


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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis

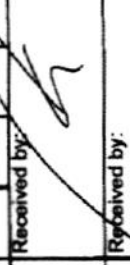
Sample ID#: 116875
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/9/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical Alkalinity	110	mg/L	SM2320-B	20	4/5/2018	KC


DAVID BARRIS - LABORATORY DIRECTOR

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.				1005 Boston Post Road Madison, CT 06443		(203) 245-0565 Phone (203) 318-0830 Fax					
Client: Town of Deep River-WPCF Contact: Mr. Peter Lewis Address: 99 Winter Ave, Deep River, CT 06417 Phone: 860-526-6044 Fax:											
SID#		Samplers Name: (Print)		Project: Monthly Influent/Effluent Testing							
Farm Type:		KEN HERBERT									
Client I.D.	Sampling Location	Date	Time	Water	Solid	Comp	Grab	Number of Containers	Cl ₂ Res.	ECL Sample I.D.#	All bacteria samples must have corresponding field chlorine residual recorded
	Influent	04/03/10	8:30	X		X		2		1110872	
	Effluent	04/03/10	8:30	X		X		2		1110873	
	Influent	04/03/10	8:30	X			X	1		1110874	
	Effluent	04/03/10	8:30	X			X	1		1110875	
Received by:  Date: 04/03/10 Time: 10:00 AM											
Received by:  Date: 04/03/10 Time: 10:00 AM											
Were Samples received within holding time? Y N Were Samples chilled upon receipt? Y N Were Samples in appropriate containers? Y N If No Explain:											
Are containers broken/sealed? Y N Samples need to be split upon receipt? Y N Samples preserved properly? Y N											
Did Were											

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis

Sample ID#: 116870
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/10/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	205	mg/L	SM5210B	2	4/4/2018	KC
Total Suspended Solids	118	mg/L	SM2540D	1	4/6/2018	JB

A handwritten signature in black ink, appearing to read 'DB', is written over a horizontal line.

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 4/3/2018
Receipt Date: 4/3/2018
Report Date: 4/10/2018
Sample Site: Effluent

Sample ID#: 116871
Sample Type: Wastewater
Sample Source: W.W.T.P.
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	5.03	mg/L	SM5210B	2	4/4/2018	KC
Total Suspended Solids	6.00	mg/L	SM2540D	1	4/6/2018	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

(203) 243-0668 Phone
(203) 318-0830 Fax

Project

860-528-8044

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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KEN HEBERT

Type:

Sampling Location

Date:	Time:
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Sample Type

Number of Containers	Number of Containers	Number of Containers	Number of Containers
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

influent
effluent

8	8/23/90
8	8/30/90

22

1	1
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110870

116871

**All bacteria samples
must have
corresponding field
chlorine residual
recorded**

८५

Number of Containers

Sandpile Type	Solid	Compil
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Date	Time
------	------

Sampling Location

Page 10

Date _____ Time _____

Received by

[illegible]

(Y) **Where** Section 609(a)(1) applies, the following shall apply:

When the Commission was first established, it was charged with the task of studying the various aspects of the problem of the child laborer. It was to report to the President on the subject of child labor, and to recommend such measures as might be necessary to protect the child laborer.

Company **Country**

通

DevOps

Summary

Received by:

1964-1965

Don't compromise performance/availability

...and the ...

Signing Process Confirmation - CDX Activity ID: _ee53abc4-fb93-46f2-a62f-274559299972

Your Data are undergoing the Signing Process

Permit ID	Facility	Exempted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date	View Copy of Submission
CT0101745	DEEP River WPCF	001	001-1	SANITARY SEWAGE	04/30/18	05/15/18	View Copy of Submission