



Connecticut DEP

- Manage Access Requests
- Search All DMRs & CORs Permits Users
- Unscheduled DMRs
- Import DMRs Perform Import Check Results
- Update MODI Check Results
- View Permits Users DMR Signing Status
- Download Blank DMR Form

Signing Process Confirmation - CDX Activity ID: _0be57680-6821-4333-b101-3b690cd184de

Your DMRs are undergoing the Signing Process

Permit ID	Facility	Permitted Feature	Discharge #	Discharge Description	Monitoring Period End Date	DMR Due Date	View Copy of Submission
CT0101745	DEEP RIVER WPCF	001	001-1	SAWTRAY SEWAGE	06/30/18	07/13/18	View DMR Signing Status

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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: 6/5/2018
Receipt Date: 6/5/2018
Report Date: 6/11/2018
Sample Site: Effluent

Sample ID#: 118105
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	15.3	mg/L	ASTM D6919-03	0.05	6/7/2018	KC
Nitrate as N	0.14	mg/L	EPA300.0	0.1	6/5/2018	JB
Nitrite as N	0.01	mg/L	EPA300.0	0.01	6/5/2018	JB
Orthophosphate as P	0.59	mg/L	EPA300.0	0.02	6/5/2018	JB
Phosphorous -Total as P	0.71	mg/L	EPA 200.7	0.04	6/11/2018	JM
TKN as N	16.7	mg/L	4500NorgC	0.5	6/7/2018	KC
Total Nitrogen as N	16.9	mg/L	CALC	1	6/8/2018	KC

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

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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MADISON, CT 06443



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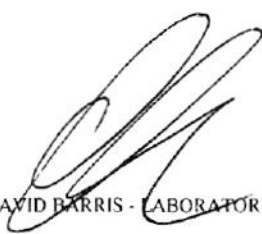
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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 6/5/2018
Receipt Date: 6/5/2018
Report Date: 6/11/2018
Sample Site: Influent

Sample ID#: 118104
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	7.79	mg/L	ASTM D6919-03	0.05	6/7/2018	KC
Nitrate as N	0.60	mg/L	EPA300.0	0.1	6/5/2018	JB
Nitrite as N	0.23	mg/L	EPA300.0	0.01	6/5/2018	JB
Orthophosphate as P	1.11	mg/L	EPA300.0	0.02	6/5/2018	JB
Phosphorous -Total as P	1.78	mg/L	EPA 200.7	0.04	6/11/2018	JM
TKN as N	12.9	mg/L	4500NorgC	0.5	6/7/2018	KC
Total Nitrogen as N	13.7	mg/L	CALC	1	6/11/2018	KC


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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

Phone: 860-526-6044 Fax:

Samplers Name: (Print)

John Elly

Relinquished by:	Date	Time	Received by:	Were Samples received within holding time? ☒ Y ☐ N Were Samples chilled upon receipt? ☐ Y ☒ N 22.90C Were Samples in appropriate containers? ☐ Y ☒ N If No Explain _____ Are containers broken/leaking? ☒ Y ☐ N Did Samples need to be split upon receipt? ☐ Y ☒ N Were Samples presented properly? ☐ Y ☒ N
Relinquished by:	Date	Time	Received by:	

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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#: 118273
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 6/12/2018
Receipt Date: 6/12/2018
Report Date: 6/19/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	380	mg/L	SM5210B	2	6/13/2018	KC
Total Suspended Solids	300	mg/L	SM2540D	1	6/15/2018	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#: 118274
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 6/12/2018
Receipt Date: 6/12/2018
Report Date: 6/19/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	12.1	mg/L	SM5210B	2	6/13/2018	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	6/15/2018	JB


DAVID BARRIS - LABORATORY DIRECTOR

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(203) 245-0568 Phone
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Are containers broken/leaking? Y/N
Did Samples need to be split upon receipt? Y/N
Were Samples presented properly? 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 ID#: 118521
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 6/26/2018
Receipt Date: 6/26/2018
Report Date: 7/6/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	615	mg/L	SM5210B	2	6/27/2018	KC
Total Suspended Solids	1000	mg/L	SM2540D	1	6/29/2018	JB

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

DAVID BARRIS - LABORATORY DIRECTOR

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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#: 118522
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 6/26/2018
Receipt Date: 6/26/2018
Report Date: 7/6/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	5.10	mg/L	SM5210B	2	6/27/2018	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	6/29/2018	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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

Phone: 860-526-6044 Fax:

Influent/Effluent Testing

John Ely

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
	6/26/18	1001		
Relinquished by:	Date	Time	Received by:	Are containers broken/leaking? ☒ Y ☐ N Did Samples need to be split upon receipt? ☐ Y ☒ N Were Samples preserved properly? ☒ 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 ID#: 118103
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Sample Date: 6/5/2018
Receipt Date: 6/5/2018
Report Date: 6/7/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	6/5/2018	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	6/5/2018	JB

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

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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#: 118101
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 6/5/2018
Receipt Date: 6/5/2018
Report Date: 6/12/2018
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	120	mg/L	SM5210B	2	6/6/2018	KC
Total Suspended Solids	62.0	mg/L	SM2540D	1	6/8/2018	JB



DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 6/5/2018
Receipt Date: 6/5/2018
Report Date: 6/12/2018
Sample Site: Effluent

Sample ID#: 118102
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	4.12	mg/L	SM5210B	2	6/6/2018	KC
Total Suspended Solids	6.00	mg/L	SM2540D	1	6/8/2018	JB



DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

**1005 Boston Post Road
Madison, CT 06443**

Phone: 860-526-6044

Influent/Effluent Testing

Samplers Name: (Print)

John Ely

[illegible]

Relinquished by:

Date,	Time
-------	------

Received by:

1

1040

2

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

Are confidence levels acceptable? ☒

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

Were Samples presented properly? ☒ 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: 6/12/2018
Receipt Date: 6/12/2018
Report Date: 6/13/2018
Sample Site: Effluent

Sample ID#: 118275
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	6/12/2018	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	6/12/2018	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

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

Phone: 860-526-6044 Fax:

Influent/Effluent Testing

John Ely

Relinquished by:	Date	Time	Received by:	Were Samples received within holding time? ☒ Y ☐ N 11.8°c
	9/24/85	1025		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

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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#: 118386
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client
Sample Date: 6/19/2018
Receipt Date: 6/19/2018
Report Date: 6/20/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	6/19/2018	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	6/19/2018	JB



DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

**1005 Boston Post Road
Madison, CT 06443**

Phone: 860-526-6044 Fax:

John Ely

Relinquished by:	Date 6/19/18	Time 1012	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 _____ Are containers broken/leaking? ☒ Y ☐ N Did Samples need to be split upon receipt? ☒ Y ☐ N Were Samples preserved properly? ☒ Y ☐ N
Relinquished by:				

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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: 6/19/2018
Receipt Date: 6/19/2018
Report Date: 6/27/2018
Sample Site: Influent

Sample ID#: 118384
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	430	mg/L	SM5210B	2	6/20/2018	KC
Total Suspended Solids	398	mg/L	SM2540D	1	6/22/2018	JB


DAVID BARRIS - LABORATORY DIRECTOR

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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: 6/19/2018
Receipt Date: 6/19/2018
Report Date: 6/27/2018
Sample Site: Effluent

Sample ID#: 118385
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	6.88	mg/L	SM5210B	2	6/20/2018	KC
Total Suspended Solids	2.00	mg/L	SM2540D	1	6/22/2018	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#: 118523
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Sample Date: 6/26/2018
Receipt Date: 6/26/2018
Report Date: 6/27/2018
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	20	MPN/100mL	Enterolert	10	6/26/2018	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	6/26/2018	JB

A handwritten signature in black ink, appearing to read 'David Barris', is written over the printed name.

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

CONJULTING LABORATORIES, INC.

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

Phone: 860-526-6044 Fax:

Influent/Effluent Testing

John Ely

[illegible]

Quished by:

Date	6/26/18
Time	1001

Received by:

2

Quished 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

Are containers broken/leaking? Y N
Did Samples need to be split upon receipt? Y N
Were Samples prescreened properly? Y N