Town of Deep River WPCA MOR

	Daily Flow			Aeration Tank 1				Aeration Tank 2				pH		Temp		Settable Solids	Turbidity	Waste Time	UV Transmit	Fecal Coliform	Enterococci	D.O.	BOD (5-Day)			Sus
	Max	Min	Total	MLSS	SVI	Low D.O.	High D.O.	MLSS	SVI	Low D.O.	High D.O.	Influent	Effluent	Influent	Effluent	Effluent	Effluent		Effluent	Effluent	Effluent	Effluent	INF.	EFF.	% Removed	INF.
Units	MGD					MG/L				MG/L		S.U.		FAHRENHEIT		ML/L	NTU	mins	%	#/100 ML	#/100 ML	MG/L	MG/L			MG
Testing	Daily																		Daily	Weekly	Weekly	Daily	Weekly			
Date																										
1	0.34128	0.02592	0.16899	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
2	0.37728	0.0216	0.16722	1688	300	3	3.2	1284	240	2.5	3.1	6.5	7	54	54	0	1.5	6	0			6.7				
3	0.32832	0.07488	0.17294	1548	340	2.2	2.6	1476	300	3	3.3	6.6	7.3	54	54	0	0.7	6	0			7.2	184	3	98.3	195
4	0.32112	0.04896	0.16286	1372	300	2.6	2.8	1340	300	3	3.6	6.8	7.4	54	54	0	1.2	4	0			6.2				
5	0.38304	0.04176	0.17014	1416	340	1.8	1.9	1364	300	2.2	2.6	6.8	7	54	55	0	0.8	6	0			6.7				
6	0.4032	0.0288	0.16745	1304	340	3	3.4	1240	300	2.7	3	6.8	7	56	54	0	0.7	6	0			7				
7	0.40032	0.01728	0.16891	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
8	0.52128	0.01152	0.16704	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
9	0.6984	0.0504	0.16992	1660	380	2.7	2.9	1524	300	2.3	2.5	6.7	7.2	56	54	0	0.7	0	0			6.9				
10	0.41184	0.04464	0.1584	1432	340	3.5	3.8	1072	300	3.5	3.8	6.5	7.3	54	54	0	1.7	6	0			6.4	194	3	98.4	284
11	0.60336	0.05328	0.15408	1664	340	2.2	2.8	1352	300	2.4	2.6	6.5	7.3	56	54	0	0.6	12	0			6.1				
12	0.65664	0.03456	0.1512	1548	300	3.1	3.6	1152	280	2.6	2.7	6.8	7.4	56	54	0	0.5	12	0			5.6				
13	0.66096	0.04608	0.15696	1328	300	2.6	2.8	1172	280	1.9	2.3	6.4	7.1	58	54	0	0.7	12	0			7.1				
14	1.01088	0.05328	0.17712	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
15	1.00944	0.05472	0.17568	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
16	0.74736	0.05328	0.17568	1488	340	2.9	3.2	1672	360	2.1	2.6	6.7	7	56	54	0	0.6	8	0			6.6				
17	0.45792	0.04176	0.16128	1296	440	2.9	3.1	1472	320	2.9	3.2	6.7	7	54	54	0	0.9	0	0			6.7	176	4	97.7	217
18	0.33984	0.03312	0.15552	1228	300	2.9	3.1	1472	310	2.7	3	6.6	7	56	54	0	0.6	14	0			7				
19	0.36864	0.00864	0.1512	1520	340	2.8	2.9	1472	320	2.5	3	6.9	6.8	56	54	0	0.6	10	0			6.8				
20	0.3888	0.03888	0.16992	1308	320	3	3.2	1308	300	3.1	3.4	6.6	7	56	54	0	0.7	6	0			7				
21	0.4968	0.02736	0.16704	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
22	0.38304	0.03456	0.16128	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
23	0.42336	0.01152	0.16272	1672	340	2.1	2.9	1672	340	1.9	2.6	6.7	7	56	54	0	0.9	8	0			6.6				
24	0.42912	0.03312	0.17568	1328	310	2.2	2.6	1328	340	2.6	3.1	6.8	7.1	56	54	0	0.6	10	0			6.9	200	3	98.5	117
25	0.45648	0.0288	0.19008	1540	330	2.7	3	1540	310	3.1	3.4	6.7	7	55	54	0	0.8	8	0			7.2				
26	0.40176	0.00864	0.18576	1228	300	3	3.2	1228	300	2.9	3.8	6.7	7	55	54	0	0.5	4	0			6.6				
27	0.50544	0.05328	0.18432	1412	320	2.5	2.7	1412	340	2.4	3	6.4	6.8	60	56	0	0.6	0	0			6.3				
28	0.4392	0.01296	0.17568	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
29	0.48816	0.01008	0.17712	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
30	0.39744	0.01872	0.19152	1068	280	2.7	3.3	1068	310	3.4	3.8	6.8	6.9	56	56	0	0.6	0	0			6.7				
31	0.33408	0.01728	0.18144	1396	280	2.7	3.1	1396	280	3	3.2	6.7	6.9	56	56	0	0.6	4	0			6.8	52	3	94	92.2

spended Solids		Amonia		Nitrite		Nitrate		TKN		Total N			Total P	Ortho Phosphate	Alkalinity	
EFF.	% Removed	INF.	EFF.	INF.	EFF.	INF.	EFF.	INF.	EFF.	INF.	EFF.	EFF.	EFF.	EFF.	INF.	EFF.
g/L	%	MG/L		MG/L		MG/L		MG/L		MG/L		# / Day	MG/L	MG/L	MG/L	
Weekly		Monthly														
2	98.9	25.6	0.72	ND	0.05	0.3	1.15	37.8	1.76	38.1	2.96	4.3	0.04	ND	142	20
2	99.3															
2	99															
2.38	97.9															
2.03	97.8															

Sludge Disposal Location:
Mattabasset Sewer District

Please return forms to:
DEEP - Water Bureau
ATTN: Municipal Wastewater Monitoring Coordinator
Municipal Facilities
710 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 Ely

Title: operator

Signature:

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MADISON, CT 06443
Phone 203-245-0568
FAX 203-318-0830
Connecticut Certification PH-0535
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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/17/2020
Receipt Date: 3/17/2020
Report Date: 3/24/2020
Sample Site: Sludge Press

Sample ID#: 131071
Sample Type: Solid
Sample Source: Bi-Annual Sludge Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Total Fixed Solids	15.7	%	CALC	0	3/20/2020	JM
Total Solids	10.2	%	160.3	0	3/20/2020	JM
Total Volatile Solids	84.3	%	160.4	0	3/20/2020	JM
Metals						
Arsenic	ND	mg/kg	SW6010A	6.7	3/23/2020	CET
Beryllium	ND	mg/kg	SW6010A	6.7	3/23/2020	CET
Cadmium	ND	mg/kg	SW6010A	3.4	3/23/2020	CET
Chromium	17	mg/kg	EPA 6010C	13	3/23/2020	CET
Copper	440	mg/kg	EPA 6010C	13	3/23/2020	CET
Lead	21	mg/kg	EPA 6010C	13	3/23/2020	CET
Mercury	ND	mg/kg	EPA 7471B	1.3	3/20/2020	CET
Nickel	ND	mg/kg	SW6010A	13	3/23/2020	CET
Zinc	600	mg/kg	EPA 6010C	13	3/23/2020	CET
Polychlorinatedbiphenols						
PCBs - Total	ND	mg/kg	EPA8082A	1	3/23/2020	CET

DAVID HARRIS - LABORATORY DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

ENVIRONMENTAL
CONSULTING LABORATORIES, INC.

1005 Boston Post Road
Madison, CT 06443

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

Client: **Town of Deep River- WPCF**
Contact: **Mr. Peter Lewis**
Address: **99 Winter Ave. Deep River, CT 06417**
Phone: Fax:

Project: **Bi-annual Sludge Testing**

PWSID#:
System Type:

Samplers Name: (Print) John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Required Analysis: Total, Fixed and Volitile Solids	Zn, Be, Cu, Ni, Pb, Cd, Cr	Hg, PCB's, As						All bacteria samples must have corresponding field chlorine residual recorded: Cl_2 Res.	ECL Sample I.D.#
	Sludge Press	3/17/20	8:30		X		X	1	x	x	x							131071

Relinquished by: — Date: 3/17/20 — Time:
Received by: — Date: 3/17/20 — Time: 9:45

Relinquished by: — Date: — Time:
Received by: — Date: — Time:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 2.9 °C
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
If No type needed

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Effluent

Sample ID#: 130803
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	0.72	mg/L	ASTM D6919-03	0.05	3/6/2020	KC
Nitrate as N	1.15	mg/L	EPA300.0	0.1	3/4/2020	JB
Nitrite as N	0.05	mg/L	EPA300.0	0.01	3/4/2020	JB
Orthophosphate as P	ND	mg/L	EPA300.0	0.02	3/4/2020	JB
Phosphorous -Total as P	0.04	mg/L	EPA 200.7	0.04	3/10/2020	JB
TKN as N	1.76	mg/L	4500NorgC	0.5	3/9/2020	KC
Total Nitrogen as N	2.96	mg/L	CALC	1	3/10/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 130802
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	25.6	mg/L	ASTM D6919-03	0.05	3/6/2020	KC
Nitrate as N	0.30	mg/L	EPA300.0	0.1	3/4/2020	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	3/4/2020	JB
Orthophosphate as P	3.16	mg/L	EPA300.0	0.02	3/4/2020	JB
Phosphorous -Total as P	5.31	mg/L	EPA 200.7	0.04	3/10/2020	JB
TKN as N	37.8	mg/L	4500NorgC	0.5	3/9/2020	KC
Total Nitrogen as N	38.1	mg/L	CALC	1	3/10/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Influent

Sample ID#: 130804
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity	142	mg/L	SM2320-B	20	3/10/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 130805
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity	<20.0	mg/L	SM2320-B	20	3/10/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

ENVIRONMENTAL
CONSULTING LABORATORIES, INC.

1005 Boston Post Road
Madison, CT 06443

(203) 245-0568 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:

Project: **Monthly + Weekly Influent/Effluent Testing**

PWSID#:

System Type:

Samplers Name: (Print) John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Sample Type: Solid	Sample Type: Comp	Sample Type: Grab	Number of Containers	TN Series	Ortho & Total Phos	Alkalinity (grab sample)	BOD/TSS	Fecal/Enterococcus May-Oct	Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)	3/3/20		X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		130802
	Effluent (Monthly)	3/3/20		X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		130803
	Influent (Monthly)	3/3/20		X			X	1			x		1 - 8oz		130804
	Effluent (Monthly)	3/3/20		X			X	1			x		1 - 8oz		130805
	Influent (Weekly)	3/3/20		X		X		1				x	1 - 8oz		
	Effluent (Weekly)	3/3/20		X		X		1				x	1 - 16oz		
	~~Effluent (Weekly)~~			~~X~~			~~X~~	~~1~~					~~x~~ ~~1 - Bact.~~		

Required Analysis

Relinquished by:	Date	Time	Received by:	
	3/3/20			3/3/20 9:40
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 10c
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

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Influent

Sample ID#: 130806
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	195	mg/L	SM5210B	2	3/4/2020	KC
Total Suspended Solids	184	mg/L	SM2540D	1	3/6/2020	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 ID#: 130807
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/3/2020
Receipt Date: 3/3/2020
Report Date: 3/11/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/4/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	3/6/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

EN IRONMENTAL
CONSULTING LABORATORIES, INC.
1005 Boston Post Road
Madison, CT 06443
(203) 245-0568 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:

Project: **Monthly + Weekly Influent/Effluent Testing**

PWSID#:

System Type:

Samplers Name: (Print) John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	TN Series	Ortho & Total Phos	Alkalinity (grab sample)	BOD/TSS	Fecal/Enterococcus May-Oct	Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)	3/3/20		X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)	3/3/20		X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)	3/3/20		X			X	1			x		1 - 8oz		
	Effluent (Monthly)	3/3/20		X			X	1			x		1 - 8oz		
	Influent (Weekly)	3/3/20		X		X		1				x	1 - 8oz		130806
	Effluent (Weekly)	3/3/20		X		X		1				x	1 - 16oz		130807
	~~Effluent (Weekly)~~			~~X~~			~~X~~	~~1~~					~~x~~ ~~1 - Bact.~~		

Relinquished by:	Date	Time	Received by:	Date	Time
	3/3/20			3/3/20	9:40
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 3.6°C
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
If No Explain

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 130943
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/10/2020
Receipt Date: 3/10/2020
Report Date: 3/17/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/11/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	3/13/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/10/2020
Receipt Date: 3/10/2020
Report Date: 3/17/2020
Sample Site: Influent

Sample ID#: 130942
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	284	mg/L	SM5210B	2	3/11/2020	KC
Total Suspended Solids	194	mg/L	SM2540D	1	3/13/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

C SULTING LABORATORIES, INC.

1005 Boston Post Road
Madison, CT 06443

(203) 245-0568 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:

Project:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)
John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Required Analysis: BOD	TSS		Fecal/Enterocci (May-Oct)					ECL Sample I.D.#
	Influent	3/10/20	7:45	X		X		1	X	X							130942
	Effluent	3/10/20	7:55	X		X		1	X	X							130943
	Effluent			X			X	1				X					

Relinquished by: — Date: 3/10/20 — Time: — Received by: — 3/10/20 955

Relinquished by: — Date: — Time: — Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 1.5°C
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

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 131317
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/31/2020
Receipt Date: 3/31/2020
Report Date: 4/7/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	92.2	mg/L	SM5210B	2	4/1/2020	KC
Total Suspended Solids	52.0	mg/L	SM2540D	1	4/3/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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FAX 203-318-0830
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ECL ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/31/2020
Receipt Date: 3/31/2020
Report Date: 4/7/2020
Sample Site: Effluent

Sample ID#: 131318
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.03	mg/L	SM5210B	2	4/1/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	4/3/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

C SULTING LABORATORIES, INC.

1005 Boston Post Road
Madison, CT 06443

(203) 245-0568 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:

Project:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)
John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Sample Type: Solid	Sample Type: Comp	Sample Type: Grab	Number of Containers	Required Analysis: BOD	Required Analysis: TSS	Required Analysis:	Required Analysis: Fecal/Enterocci (May-Oct)	Required Analysis:	Required Analysis:	Required Analysis:	Required Analysis:	ECL Sample I.D.#
	Influent	3/31/20	8:30	X		x		1	x	x							131317
	Effluent	3/31/20	8:20	X		x		1	x	x							131318
	Effluent			x			x	1				x					

Relinquished by: | Date | Time | Received by: 3/31/20 9:33

Relinquished by: | Date | Time | Received by:

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? Y (N) 6.0°C
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
If No type needed

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/17/2020
Receipt Date: 3/17/2020
Report Date: 3/24/2020
Sample Site: Influent

Sample ID#: 131069
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	217	mg/L	SM5210B	2	3/18/2020	KC
Total Suspended Solids	176	mg/L	SM2540D	1	3/20/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/17/2020
Receipt Date: 3/17/2020
Report Date: 3/24/2020
Sample Site: Effluent

Sample ID#: 131070
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/18/2020	KC
Total Suspended Solids	4.00	mg/L	SM2540D	1	3/20/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

C SULTING LABORATORIES, INC.
1005 Boston Post Road
Madison, CT 06443
(203) 245-0568 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:

Project:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)
John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Sample Type: Solid	Sample Type: Comp	Sample Type: Grab	Number of Containers	Required Analysis: BOD	Required Analysis: TSS	Required Analysis:	Required Analysis: Fecal/Enterocci (May-Oct)	Required Analysis:	Required Analysis:	Required Analysis:	Required Analysis:	ECL Sample I.D.#
	Influent	3/17	8:20	X		x		1	x	x							131069
	Effluent	3/17	8:10	X		x		1	x	x							131070
	Effluent			x			x	1				x					

Relinquished by: Date 3/17/20 Time Received by: 3/17/20 945

Relinquished by: Date Time Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 3.9°C
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

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/24/2020
Receipt Date: 3/24/2020
Report Date: 3/31/2020
Sample Site: Influent

Sample ID#: 131212
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	117	mg/L	SM5210B	2	3/25/2020	KC
Total Suspended Solids	200	mg/L	SM2540D	1	3/27/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/24/2020
Receipt Date: 3/24/2020
Report Date: 3/31/2020
Sample Site: Effluent

Sample ID#: 131213
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.38	mg/L	SM5210B	2	3/25/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	3/27/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

C SULTING LABORATORIES, INC.
1005 Boston Post Road
Madison, CT 06443
(203) 245-0568 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:

Project:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)
John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Required Analysis: BOD	TSS		Fecal/Enterocci (May-Oct)						ECL Sample I.D.#
	Influent	3/24/20	8:10	X		x		1	x	x								131212
	Effluent	3/24/20	8:15	X		x		1	x	x								131213
	Effluent			x			x	1				x						

Relinquished by: Date 3/24/20 Time Received by: Date 3/24/20 Time 9:42

Relinquished by: Date Time Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? Y (N) 1.4°C
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
If No type needed

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/10/2020
Receipt Date: 3/10/2020
Report Date: 3/27/2020
Sample Site: Final Effluent

Sample ID#: 130944
Sample Type: Wastewater
Sample Source: Bi-Annual Toxicity Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Aquatic Toxicity	See Attached	%	AQ	0	3/11/2020	JB
Chemical						
Ammonia as N	0.09	mg/L	ASTM D6919-03	0.05	3/14/2020	KC
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/11/2020	KC
Cyanide-Amenable	ND	mg/L	EPA 335.4	0.01	3/19/2020	CET
Cyanide-Total	ND	mg/L	EPA 335.4	0.01	3/19/2020	CET
Nitrate as N	0.46	mg/L	EPA300.0	0.1	3/10/2020	JB
Nitrite as N	0.02	mg/L	EPA300.0	0.01	3/10/2020	JB
Phenols - Total	ND	mg/L	420.1	0.1	3/16/2020	CET
Phosphorous -Total as P	0.05	mg/L	EPA 200.7	0.04	3/17/2020	JB
Total Suspended Solids	ND	mg/L	SM2540D	1	3/13/2020	JB
Alkalinity(1 - Initial)	51.2	mg/L	SM2320-B	20	3/13/2020	JM
Chlorine- Residual,Total(1 - Initial)	ND	mg/L	SM4500-Cl G	0.02	3/11/2020	JB
Hardness-Total(1 - Initial)	39.8	mg/L	EPA 200.7	1	3/13/2020	JB
Alkalinity(2 - Daph)	57.6	mg/L	SM2320-B	20	3/13/2020	JM
Chlorine- Residual,Total(2 - Daph)	ND	mg/L	SM4500-Cl G	0.02	3/13/2020	JM
Hardness-Total(2 - Daph)	46.8	mg/L	EPA 200.7	1	3/13/2020	JB
Alkalinity(3 - Fish)	54.3	mg/L	SM2320-B	20	3/13/2020	JM
Chlorine- Residual,Total(3 - Fish)	ND	mg/L	SM4500-Cl G	0.02	3/13/2020	JM
Hardness-Total(3 - Fish)	41.1	mg/L	EPA 200.7	1	3/13/2020	JB
Metals						
Aluminum	ND	mg/L	EPA 200.8	0.05	3/25/2020	CET
Antimony	ND	mg/L	EPA 200.8	0.01	3/25/2020	CET
Arsenic	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Beryllium	ND	mg/L	EPA 200.8	0.001	3/25/2020	CET

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 3/10/2020
Receipt Date: 3/10/2020
Report Date: 3/27/2020
Sample Site: Final Effluent

Sample ID#: 130944
Sample Type: Wastewater
Sample Source: Bi-Annual Toxicity Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Metals						
Cadmium	ND	mg/L	EPA 200.8	0.0005	3/25/2020	CET
Chromium	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Chromium(Hexavalent)	ND	mg/L	SM3500-CrD	0.01	3/10/2020	KC
Copper	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Iron	ND	mg/L	200.8	0.04	3/25/2020	CET
Lead	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Mercury	ND	mg/L	EPA245.2	0.0002	3/17/2020	CET
Nickel	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Selenium	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Silver	ND	mg/L	EPA 200.8	0.002	3/25/2020	CET
Thallium	ND	mg/L	EPA 200.8	0.005	3/25/2020	CET
Zinc	ND	mg/L	EPA 200.8	0.02	3/25/2020	CET
Physical						
Conductivity(1 - Initial)	350	umhos/cm	SM2510B	1	3/11/2020	JB
Conductivity(2 - Daph)	380	umhos/cm	SM2510B	1	3/13/2020	JM
Conductivity(3 - Fish)	363	umhos/cm	SM2510B	1	3/13/2020	JM

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

STATE OF CONNECTICUT ** DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Water Management: Aquatic Toxicity Monitoring Report - PART 1

Facility Name: **Deep River WPCF** NPDES ID: **CT0101745**

Receiving Water: **Connecticut River** Waterbody ID: **4000**

Sample Collection Date(s): 3/9/20 - 3/10/20

Sample Collection Time: FROM: 7 (AM/PM) TO: (AM/PM) 7:45

TOXICITY TEST SUMMARY (PASS/FAIL)

CONTROL SAMPLE RESULTS (% Survival)

TEST SPECIES	REPLICATE 1	REPLICATE 2	REPLICATE 3
Daphnia pulex	100 %	100 %	100 %
Pimephales promelas	100 %	90 %	90 %

If less than 90% survival is recorded for one or more replicate controls, the test is invalid and an additional effluent sample must be collected and the test procedure repeated. The results for all samples must be submitted to the DEP.

EFFLUENT SAMPLE RESULTS

TEST SPECIES	MEAN % SURVIVAL
Daphnia pulex	100 %
Pimephales promelas	100 %

If the mean percent survival for either or both species is less than 90%, the effluent is determined toxic and an additional effluent sample must be collected and the test procedure repeated. The results for all samples must be submitted to the DEP.

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 Ely Title: operator

Signature: Date: 4/8/20

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 50rL mg/L
Sample Collected On: 3/9/20 – 3/10/20 (date) Received On: 3/10/20 (date)
Test Species: *Daphnia pulex* Source: LCL Age: < 24 hr
Test Duration: 48 hours, Beginning: 10:30 (am/pm) On: 3/11/2020 (date)

Effluent Dilution (%)	Hour	Number of Organisms Surviving 00	24	48	Dissolved Oxygen (mg/L) 00	24	48	Temperature (°C) 00	24	48	pH (su) 00	24	48
100 A		10	10	10	9.9	9.3	9.3	19	19	19	6.9	7.6	7.7
100 B		10	10	10	9.9	9.3	9.3	19	19	19	6.9	7.6	7.7
100 C		10	10	10	9.9	9.3	9.3	19	19	19	6.9	7.6	7.7
100 D		10	10	10	9.9	9.3	9.3	19	19	19	6.9	7.6	7.7
100 E		10	10	10	9.9	9.3	9.3	19	19	19	6.9	7.6	7.7
CONTROL 1		10	10	10	9.2	8.4	8.9	21	20	20	7.3	7.6	7.1
CONTROL 2		10	10	10	9.2	8.4	8.9	21	20	20	7.3	7.6	7.1
CONTROL 3		10	10	10	9.2	8.4	89	21	20	20	7.3	7.6	7.1

MEAN SAMPLE SURVIVAL (%)

[(A+B+C+D+E) / 5] X 10 = 100

CONTROL SURVIVAL (%)	1	2	3
	100	100	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Daphnia pulex	11/6/19	CuNO3	LCL	2.05 ppb

COMMENTS

STATEMENT OF ACKNOWLEDGEMENT

I certify that the data reported on this document were prepared under my direction or supervision in accordance with the testing protocol described in EPA 600/4-90/027F and Sections 22a-430-3 and 22a-430-4 of the Regulations of Connecticut State Agencies except as noted above. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Laboratory Official: Kevin Clark Title: Supervisor

Signature: K. M. Clark Date: 3/12/2020

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 50+ mg/L
Sample Collected On: 3/9/20 - 3/10/20 (date) Received On: 3/10/20 (date)

Test Species: *Pimephales promelas* Source: ECL Age: 13 Days
Test Duration: 48 hours, Beginning: 10:30 (am/pm) On: 3/11/2020 (date)

Effluent Dilution (%)	Hour	Number of Organisms Surviving 00	24	48	Dissolved Oxygen (mg/L) 00	24	48	Temperature (°C) 00	24	48	pH (su) 00	24	48
100 A		10	10	10	9.9	9.5	8.6	19	19	19	6.9	7.6	7.5
100 B		10	10	10	9.9	9.5	8.6	19	19	19	6.9	7.6	7.5
100 C		10	10	10	9.9	9.5	8.6	19	19	19	6.9	7.6	7.5
100 D		10	10	10	9.9	9.5	8.6	19	19	19	6.9	7.6	7.5
100 E		10	10	10	9.9	9.5	8.6	19	19	19	6.9	7.6	7.5
CONTROL 1		10	10	10	9.2	8.6	8.9	21	20	20	7.3	7.4	7.1
CONTROL 2		10	10	9	9.2	8.6	8.9	21	20	20	7.3	7.4	7.1
CONTROL 3		10	9	9	9.2	8.6	8.9	21	20	20	7.3	7.4	7.1

MEAN SAMPLE SURVIVAL (%)

[(A+B+C+D+E) / 5] X 10 = 100

CONTROL SURVIVAL (%)	1	2	3
	100	90	90

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Pimephales promelas	11/6/19	CdCl2	ECL	0.24 ppb

COMMENTS

STATEMENT OF ACKNOWLEDGEMENT

I certify that the data reported on this document were prepared under my direction or supervision in accordance with the testing protocol described in EPA 600/4-90/027F and Sections 22a-430-3 and 22a-430-4 of the Regulations of Connecticut State Agencies except as noted above. The information submitted is, to the best of my knowledge and belief, true, accurate and complete.

Laboratory Official: Kevin [illegible] Title: Supervisor

Signature: [illegible] Date: 3/31/2020

Supplemental Chemistry (part 2s)

Facility Name: Deep River WPCF NPDES ID: CT0101745
Receiving Water: Connecticut River Waterbody ID: 4000

Sample Collection Date(s): 3/9/20 - 3/10/20
Sample Collection Time: FROM: 7 (AM)/PM) TO: 7:45 (AM)/PM)

Effluent Sample

Parameter	Effluent Sample
Hours	Initial (00)
pH	6.9
Conductivity	350
Alkalinity	51.2
Hardness	39.8
TRC	<0.02

100% Test Sample

Parameter	*Daphnia pulex*		*Pimephales promelas*	
Hours	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	350	380	350	363
Alkalinity	51.2	57.6	51.2	54.3
Hardness	39.8	46.8	39.8	41.1
TRC	<0.02		<0.02	

0% Test Sample (Control)

Parameter	*Daphnia pulex*		*Pimephales promelas*	
Hours	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	191	236	191	227
Alkalinity	43.9	43.1	43.9	42.0
Hardness	47.9	55.8	47.9	49.0
TRC	<0.02		<0.02	

LaboratoryOfficial: Kevin M. Clark Title: Supervisor

Signature: K. M. Clark Date: 3/31/2020

STATE OF CONNECTICUT ** DEPARTMENT OF ENVIRONMENTAL PROTECTION

Bureau of Water Management: Aquatic Toxicity Monitoring Report - PART 3

NPDES Permit:	CT0101745	Exp:	9/13/06	Phone[1]:	(860) 526-6044
Facility:	Deep River WPCF	Contact:	Peter Lewis	Phone[2]:	
Address:	99 Winter Ave.	Town:	Deep River	Zip:	06417

STATEMENT OF ACKNOWLEDGEMENT

I certify under penalty of law that this document and all attachements 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 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 Ely Title: operator

Signature: [signature] Date: 3/9/20

Sample Date: 3/9/20 - 3/10/20 Sample Day's Flow: .169 + .158 (MAR) SEP (Circle one)

REPEAT MONTH:

FREQUENCY	MONLOC	UNITS	PARAMETER	MINIMUM LEVEL	RESULT
Each Test	001 T	mg/L	BOD, 5 DAY		< 2.00
Each Test	001 T	mg/L	SUSPENDED SOLIDS, TOTAL		< 1.00
Each Test	001 T	mg/L	AMMONIA, Total		0.09
Each Test	001 T	mg/L	NITRITE, as N		0.02
Each Test	001 T	mg/L	NITRATE, as N		0.46
Each Test	001 T	mg/L	CYANIDE, Total		< 0.01
Each Test	001 T	mg/L	CYANIDE, Amenable		< 0.01
Each Test	001 T	mg/L	BERYLLIUM, Total		< 0.001
Each Test	001 T	mg/L	ARSENIC, Total	0.005 mg/L	< 0.005
Each Test	001 T	mg/L	CADMIUM, Total		< 0.0005
Each Test	001 T	mg/L	CHROMIUM, Hexavalent		< 0.01

Aquatic Toxicity Monitoring Report - PART 3

FREQUENCY	MONLOC	UNITS	PARAMETER	MINIMUM LEVEL	RESULT
Each Test	001 T	mg/L	CHROMIUM, Total		< 0.005
Each Test	001 T	mg/L	COPPER, Total		< 0.005
Each Test	001 T	mg/L	LEAD, Total		< 0.005
Each Test	001 T	mg/L	THALLIUM, Total		< 0.005
Each Test	001 T	mg/L	NICKEL, Total		< 0.005
Each Test	001 T	mg/L	SILVER, Total		< 0.002
Each Test	001 T	mg/L	ZINC, Total		< 0.02
Each Test	001 T	mg/L	ANTIMONY, Total		< 0.01
Each Test	001 T	mg/L	SELENIUM, Total		< 0.005
Each Test	001 T	mg/L	PHENOLS		< 0.10
Each Test	001 T	mg/L	MERCURY, Total	0.0002 mg/L	< 0.0002

Testing Laboratory: Environmental Consulting Laboratories, Inc
1005 Boston Post Road
Madison, Ct 06443 P1405 3

Signature: DC Barrett

Date: 3/21/20

FOR OFFICIAL USE ONLY:

AQUATIC TOXICITY: *Daphnia pulex* — TGA3D

AQUATIC TOXICITY: *Pimephales promelas* — TGA6C

EN RONMENTAL
CONSULTING LABORATORIES, INC.
1005 Boston Post Road
Madison, CT 06443
(203) 245-0568 Phone
(203) 318-0830 Fax

Client: **Town of Deep River**
Contact: **Mr. Peter Lewis**
Address: **99 Winter Ave, Deep River, CT 06417**
Phone: **860-526-6044** Fax:

Project: **Bi-Annual Toxicity Testing**

PWSID#:

System Type:

Samplers Name: (Print) John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Required Analysis: Dual Sp. Screen w/Supp Chem	NO2, NO3, NH3, CN-T/A	Phenols, Sb, As, Be, Cd, Cr	Cr+6, Cu, Pb, Ni, Hg, Zn, Tl	Ag, Se, BOD & TSS				All bacteria samples must have corresponding field chlorine residual recorded: Cl_2 Res.	ECL Sample I.D.#
	Final Effluent	3/10/20	8:15	X			X	5	X	X	X	X	X					130944

Relinquished by: Date: 3/10/20 Time: 9:51 Received by:

Relinquished by: Date: Time: Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 2°C
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
If No type needed