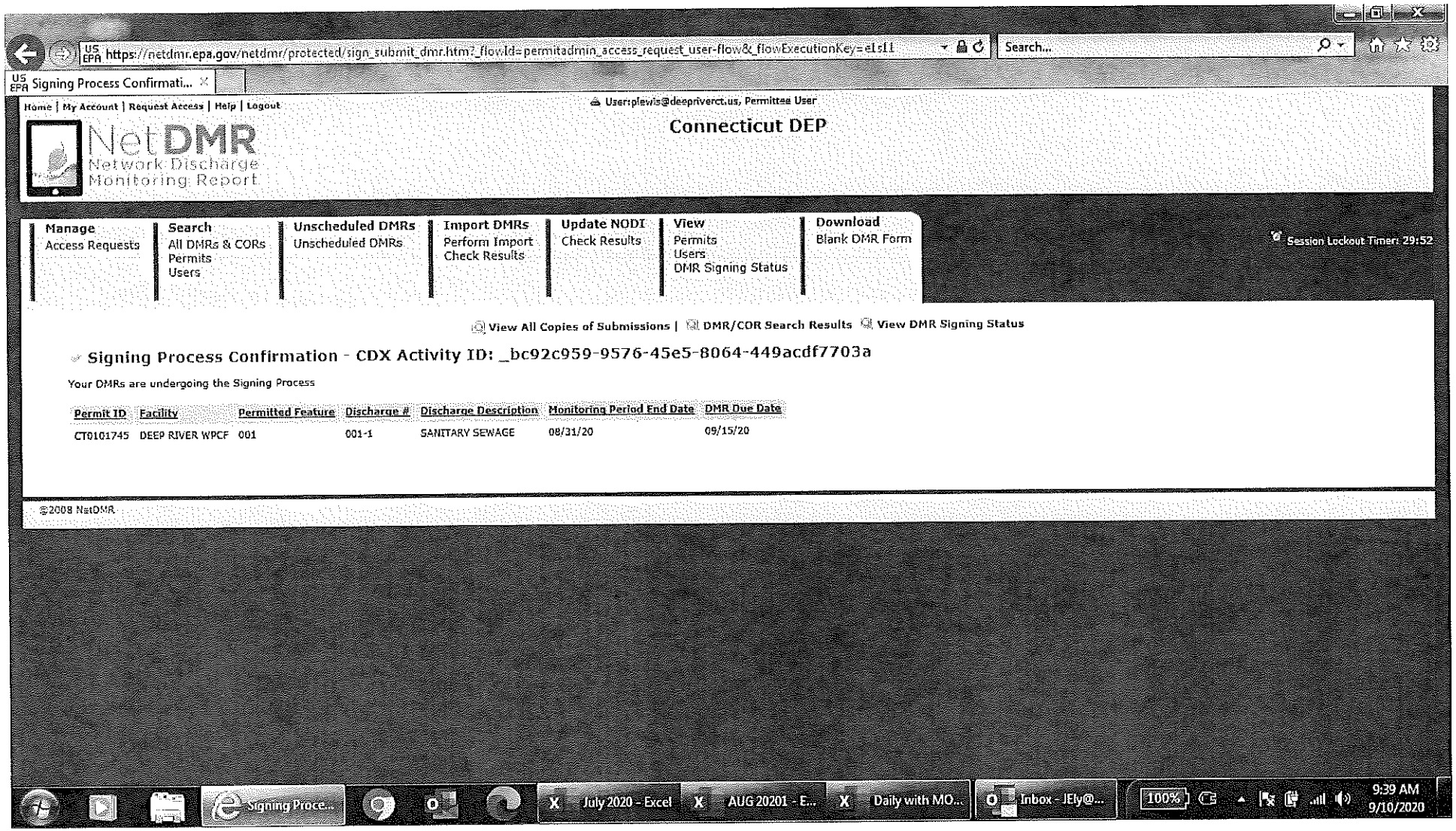
https://netdmr.epa.gov/netdmr/protected/sign_submit_dmr.htm?_flowId=permitadmin_access_request_user-flow&_flowExecutionKey=e1s11
Search...
Signing Process Confirmati...
Home | My Account | Request Access | Help | Logout
User:plewis@deepriverct.us, Permittee User
Connecticut DEP
NetDMR
Network Discharge Monitoring Report
Manage
Access Requests
Search
All DMRs & CORs
Permits
Users
Unscheduled DMRs
Unscheduled DMRs
Import DMRs
Perform Import
Check Results
Update NODI
Check Results
View
Permits
Users
DMR Signing Status
Download
Blank DMR Form
Session Lockout Timer: 29:52
View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status
Signing Process Confirmation - CDX Activity ID: _bc92c959-9576-45e5-8064-449acdf7703a
Your DMRs are undergoing the Signing Process
Permit ID
Facility
Permitted Feature
Discharge #
Discharge Description
Monitoring Period End Date
DMR Due Date
CT0101745
DEEP RIVER WPCF
001
001-1
SANITARY SEWAGE
08/31/20
09/15/20
©2008 NetDMR
Signing Proce...
July 2020 - Excel
AUG 20201 - E...
Daily with MO...
Inbox - JEly@...
100%
9:39 AM
9/10/2020

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											Work Day							Daily	Weekly	Weekly	Daily	Weekly			
Date																										
1	0.56304	0.02448	0.1152	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.96			0				
2	0.29232	0.0216	0.11232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0				
3	0.28368	0.0144	0.108	944	180	3.2	3.8	1484	420	1.5	2.2	6.8	7	68	72	0	1.8	4	0.97			7.1				
4	0.70704	0.0144	0.11232	1124	180	3.2	3.7	1236	400	2.1	2.3	7.4	7	72	72	0	1.6	9	0.97	<2	<10	7.4	225	2	99	56
5	0.76176	0.02304	0.14112	1100	180	2.6	3.3	996	460	1.8	2.9	6.8	7.2	69	70	0	0.9	14	0.97			7.1				
6	0.57456	0.01728	0.13104	876	180	4.6	4.9	1120	220	2.1	2.5	6.8	7	72	72	0	1.2	14	0.97			6.5				
7	0.69264	0.03744	0.13104	1004	180	3.1	3.5	1044	200	2.8	3.7	6.9	7.3	68	70	0	1.2	4	0.96			7.1				
8	0.9	0.00864	0.11376	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.96			0				
9	0.63936	0.01296	0.11232	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.97			0				
10	0.65088	0.00864	0.11232	1084	200	2.6	3	1020	180	3.8	4	6.8	7	68	72	0	1.1	4	0.97			7.2				
11	0.78768	0.00864	0.12096	1004	180	2.7	3.4	1016	180	2.6	3	6.8	7.2	70	72	0	1.4	4	0.96	<2	<10	6.7	205	2	99	172
12	0.7488	0.00864	0.11808	800	200	2.7	3.2	776	210	3.1	3.3	6.9	7.3	68	72	0	1.3	4	0.97			7.4				
13	0.40896	0.02304	0.11952	1124	200	2.6	3.6	1188	210	2.8	3	6.8	7.1	68	70	0	0.8	4	0.97			7.4				
14	0.31824	0.0144	0.12384	1092	230	2.3	3.4	1220	300	1.9	2.7	6.7	7.1	62	72	0	0.8	4	0.97			5.9				
15	0.4248	0.01296	0.1224	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.97			0				
16	0.30528	0.02592	0.13104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.96			0				
17	0.49968	0.02304	0.11664	1124	280	2.6	3.4	916	200	3.6	4.1	6.8	7.1	66	70	0	2.6	0	0.96			6.9				
18	0.52992	0.02304	0.13104	1136	320	2.5	2.8	948	220	3.4	3.8	7.4	7.3	67	70	0	0.6	4	0.97	<2	<10	6.4	366	3.38	99	5152
19	0.29376	0.00864	0.13968	1324	310	2.2	3.5	948	280	2.8	3.2	6.9	7.1	68	70	0	1.4	4	0.96			6.6				
20	0.8928	0.02016	0.12672	1220	340	2.6	3.2	1220	280	1.8	2.2	7.1	6.8	64	70	0	1.2	8	0.96			6.5				
21	0.5616	0.01584	0.13248	1032	260	3.1	3.4	1032	280	2.7	2.9	6.9	6.9	66	70	0	0.8	0	0.95			6.6				
22	0.648	0.1008	0.13104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.97			0				
23	1.01088	0.01008	0.13824	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.97			0				
24	0.86688	0.00864	0.13104	1048	280	2.2	2.7	1048	280	1.9	2.3	6.8	6.9	66	70	0	1.2	0	0.97			6.6				
25	1.01088	0.0072	0.13392	1108	280	2.4	2.7	1108	300	2.1	2.5	6.8	6.9	66	70	0	0.7	0	0.97	<2	<10	6.4	198	2	98.9	86
26	1.01088	0.01008	0.18288	1132	320	1.9	2.3	1132	300	2.4	3.6	7.2	7.2	66	69	0	0.6	0	0.96			7.2				
27	0.30096	0.01728	0.1368	1088	280	3.4	3.8	1088	300	2.1	2.6	6.9	7	66	70	0	1.2	0	0.96			6.7				
28	0.45216	0.01728	0.13104	1052	280	4.1	4.4	1052	240	2.8	3.1	6.9	7.2	68	70	0	1.2	0	0			7.5				
29	0.83952	0.02736	0.13104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.96			0				
30	0.70992	0.00864	0.13392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.97			0				
31	0.44352	0.01008	0.13248	1036	260	4.5	5.2	1036	280	3.2	3.7	6.8	7.2	68	70	0	0.6	0	0.97			6.9				

;pended 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.
3/L	%	MG/L		MG/L		MG/L		MG/L		MG/L		# / Day	MG/L	MG/L	MG/L	
Weekly		Monthly														
2	96.4															
ND	100	25.9	0.2	ND	0.1	ND	2.33	46.4	1.41	46.4	3.84	5.5	0.65	0.65	201	21.6
ND	100															
ND	100															

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
www.eclinconline.com

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: 8/4/2020
Receipt Date: 8/4/2020
Report Date: 8/6/2020
Sample Site: Effluent

Sample ID#: 133897
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	8/4/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	8/4/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/18/2020
Receipt Date: 8/18/2020
Report Date: 8/20/2020
Sample Site: Effluent

Sample ID#: 134207
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	8/18/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	8/18/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/25/2020
Receipt Date: 8/25/2020
Report Date: 9/1/2020
Sample Site: Influent

Sample ID#: 134375
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	198	mg/L	SM5210B	2	8/26/2020	KC
Total Suspended Solids	86.0	mg/L	SM2540D	1	8/28/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

(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:	Required Analysis:	ECL Sample I.D.#
	Influent	8/25/20	8:20	X		x		1	x	x								134375
	Effluent	8/25/20	8:10	X		x		1	x	x								134376
	Effluent	8/25/20	8:25	x			x	1				x						

Relinquished by: | Date | Time | Received by: | 8/25/20 9:37
Relinquished by: | Date | Time | Received by:

Were Samples received within holding time? Y / N
Were Samples chilled upon reciept? Y / N 1.0°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

(ISULTING 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	8/4/20	8:15	X		X		1	X	X							133895
	Effluent	8/4/20	8:10	X		X		1	X	X							133896
	Effluent	8/4/20	8:00	X			X	1				X					

Relinquished by: Date Time Received by: 8/5/20 933

Relinquished by: Date Time Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 7.0 4
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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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 ID#:**	133895
		Sample Type:	Wastewater
		Sample Source:	Weekly
		Sampler:	Client
Sample Date:	8/4/2020		
Receipt Date:	8/4/2020		
Report Date:	8/12/2020		
Sample Site:	Influent		

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	225	mg/L	SM5210B	2	8/5/2020	KC
Total Suspended Solids	56.0	mg/L	SM2540D	1	8/7/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/4/2020
Receipt Date: 8/4/2020
Report Date: 8/12/2020
Sample Site: Effluent

Sample ID#: 133896
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	8/5/2020	KC
Total Suspended Solids	2.00	mg/L	SM2540D	1	8/7/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/13/2020
Sample Site: Effluent

Sample ID#: 134060
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	8/11/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	8/11/2020	JB

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	Solid	Comp	Grab	Number of Containers	TN Series	Ortho & Total Phos	Alkalinity (grab sample)	BOD/TSS	Fecal/Enterococcus May-Oct	Required Analysis	Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)	8/11/20	8:00	X		X		2	x	x				1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)	8/11/20	8:10	X		X		2	x	x				1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)	8/11/20	8:05	X			X	1			x			1 - 8oz		
	Effluent (Monthly)	8/11/20	8:05	X			X	1			x			1 - 8oz		
	Influent (Weekly)	8/11/20	8:00	X		X		1				x		1 - 8oz		
	Effluent (Weekly)	8/11/20	8:10	X		X		1				x		1 - 16oz		
	Effluent (Weekly)	8/11/20	8:15	X			X	1					x	1 - Bact.		134060

Relinquished by:	Date	Time	Received by:	Date	Time
				8/11/20	1010
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 6.9 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
If No explained ____

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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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/17/2020
Sample Site: Listed Below

Sample ID#: 134057
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity(1 - Influent)	201	mg/L	SM2320-B	20	8/14/2020	JM
Alkalinity(2 - Effluent)	21.6	mg/L	SM2320-B	20	8/14/2020	JM

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	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)	8/11/20	8:00	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)	8/11/20	8:10	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)	8/11/20	8:05	X			X	1			x		1 - 8oz		134057-1
	Effluent (Monthly)	8/11/20	8:05	X			X	1			x		1 - 8oz		-2
	Influent (Weekly)	8/11/20	8:00	X		X		1				x	1 - 8oz		
	Effluent (Weekly)	8/11/20	8:10	X		X		1				x	1 - 16oz		
	Effluent (Weekly)	8/11/20	8:15	X			X	1					x 1 - Bact.		

Relinquished by:	Date	Time	Received by:	Date	Time
				8/11/20	1010
Relinquished by:	Date	Time	Received by:		

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) NV
Were Samples presented properly? (Y) N
~~If No type needed~~ _____

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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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/19/2020
Sample Site: Influent

Sample ID#: 134058
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	205	mg/L	SM5210B	2	8/12/2020	KC
Total Suspended Solids	172	mg/L	SM2540D	1	8/14/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/19/2020
Sample Site: Effluent

Sample ID#: 134059
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	8/12/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	8/14/2020	JB

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

7 BOTTLES PER SET

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	Required Analysis	Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)	8/11/20	8:00	X		X		2	x	x				1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)	8/11/20	8:10	X		X		2	x	x				1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)	8/11/20	8:05	X			X	1			x			1 - 8oz		
	Effluent (Monthly)	8/11/20	8:05	X			X	1			x			1 - 8oz		
	Influent (Weekly)	8/11/20	8:00	X		X		1				x		1 - 8oz		134058
	Effluent (Weekly)	8/11/20	8:10	X		X		1				x		1 - 16oz		134059
	Effluent (Weekly)	8/11/20	8:15	X			X	1					x	1 - Bact.		

Relinquished by:	Date	Time	Received by:	Date	Time
				8/11/20	1010
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 2.9c
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) KV
Were Samples presented properly? (Y) N
~~If No type needed~~ _____

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Phone 203-245-0568
FAX 203-318-0830
Connecticut Certification PH-0535
www.eclinconline.com

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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/20/2020
Sample Site: Influent

Sample ID#: 134055
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	25.9	mg/L	ASTM D6919-03	0.05	8/15/2020	KC
Nitrate as N	ND	mg/L	EPA300.0	0.1	8/11/2020	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	8/11/2020	JB
Orthophosphate as P	3.87	mg/L	EPA300.0	0.02	8/11/2020	JB
Phosphorous -Total as P	6.60	mg/L	EPA 200.7	0.04	8/18/2020	JB
TKN as N	46.4	mg/L	4500NorgC	0.5	8/18/2020	KC
Total Nitrogen as N	46.4	mg/L	CALC	1	8/19/2020	KC

David Barris
DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/11/2020
Receipt Date: 8/11/2020
Report Date: 8/20/2020
Sample Site: Effluent

Sample ID#: 134056
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	0.20	mg/L	ASTM D6919-03	0.05	8/15/2020	KC
Nitrate as N	2.33	mg/L	EPA300.0	0.1	8/11/2020	JB
Nitrite as N	0.10	mg/L	EPA300.0	0.01	8/11/2020	JB
Orthophosphate as P	0.65	mg/L	EPA300.0	0.02	8/11/2020	JB
Phosphorous -Total as P	0.65	mg/L	EPA 200.7	0.04	8/18/2020	JB
TKN as N	1.41	mg/L	4500NorgC	0.5	8/18/2020	KC
Total Nitrogen as N	3.84	mg/L	CALC	1	8/19/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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)	8/11/20	8:00	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		134055
	Effluent (Monthly)	8/11/20	8:10	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		134056
	Influent (Monthly)	8/11/20	8:05	X			X	1			x		1 - 8oz		
	Effluent (Monthly)	8/11/20	8:05	X			X	1			x		1 - 8oz		
	Influent (Weekly)	8/11/20	8:00	X		X		1				x	1 - 8oz		
	Effluent (Weekly)	8/11/20	8:10	X		X		1				x	1 - 16oz		
	Effluent (Weekly)	8/11/20	8:15	X			X	1					x 1 - Bact.		

Relinquished by:	Date	Time	Received by:	Date	Time
				8/11/20	1010
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 6.9°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
If No type needed

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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 ID#: 134205
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 8/18/2020
Receipt Date: 8/18/2020
Report Date: 8/25/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	366	mg/L	SM5210B	2	8/19/2020	KC
Total Suspended Solids	5152	mg/L	SM2540D	1	8/21/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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: 8/18/2020
Receipt Date: 8/18/2020
Report Date: 8/25/2020
Sample Site: Effluent

Sample ID#: 134206
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	3.38	mg/L	SM5210B	2	8/19/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	8/21/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

(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	8/18/20	8:15	X		X		1	X	X								134205
	Effluent	8/18/20	8:20	X		X		1	X	X								134206
	Effluent	8/18/20	8:25	X			X	1				X						

Relinquished by: _____ Date _____ Time _____ Received by: _____ 8/19/20 10:12

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
[redacted]