;pended Solids		Amonia		Nitrite		Nitrate		TKN		Total N			Total P	Ortho Phosphat e	Alkalinity	
EFF.	% Removec	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														
ND	100	7.8	1.04	0.07	0.1	1.88	0.38	12.4	1.66	14.4	2.14	3.6	ND	ND	278	ND
1	98.6															
ND	100															
ND	100															
1	99.1															

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: Chief Operator

Signature:

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	0.4248	0.07632	0.19008	1100	300	2.1	2.4	1036	260	1.7	2.6	6.8	7.4	52	52	0	1.2	7	0	1.2						
2	0.42336	0.09648	0.20304	1072	280	2	2.3	1004	280	2.1	2.8	6.9	7.2	52	52	0	1.1	6	0	1.1			50.9	2.42	95.2	54
3	0.39024	0.07776	0.20736	1312	340	1.4	2.6	1076	300	2.1	2.7	6.7	6.8	54	52	0	1.4	6	0	1.4						
4	0.396	0.07776	0.18864	1128	280	1.9	2.2	1056	290	2.2	2.6	6.9	7	52	52	0	1.5	6	0	1.5						
5	0.42336	0.01728	0.19584	1296	260	2.9	3.3	1420	320	2.5	2.8	7.2	7	52	52	0	1.2	12	0	1.2						
6	0.33408	0.04896	0.20304	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
7	0.31968	0.03888	0.19872	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
8	0.432	0.0864	0.1944	1148	260	3.5	4.1	1052	280	2.1	2.7	6.9	7.2	54	52	0	1.5	8	0	1.5						
9	0.39888	0.04464	0.19728	1112	300	2.1	2.7	1088	320	3	3.1	6.8	7.2	52	52	0	1.2	6	0	1.2			121	2	98.3	74
10	0.32832	0.02304	0.18576	1040	280	2.1	2.6	1072	320	1.9	2.6	6.7	6.9	54	52	0	0.8	4	0	0.8						
11	0.43776	0.02304	0.2016	1228	300	1.5	1.9	1076	280	2.1	2.5	6.9	7.2	52	52	0	0.8	4	0	0.8						
12	0.40752	0.02016	0.19008	1088	340	2.8	3.2	924	320	3.2	3.4	6.8	7.6	52	52	0	0.7	7	0	0.7						
13	0.43344	0.0432	0.18576	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0						
14	0.39744	0.03888	0.19296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
15	0.32976	0.06048	0.18576	1320	320	1.8	1.9	1112	300	2.3	2.6	6.8	7.1	54	52	0	1.3	4	0	1.3						
16	0.41904	0.0648	0.20304	1112	340	2.1	1.2	908	280	3.1	3.3	6.9	7	52	52	0	1.1	8	0	1.1			78.3	2	97.8	44
17	0.39168	0.06048	0.16848	972	280	2.8	3.5	1496	380	1.3	1.5	6.8	7	52	52	0	1.4	2	0	1.4						
18	0.37584	0.06048	0.16992	1028	210	3.1	3.8	1192	360	1.4	2.3	6.7	7.2	52	52	0	1.1	11	0	1.1						
19	0.38592	0.05328	0.18288	904	280	3.1	3.4	1192	330	1.9	2.2	6.9	7	52	52	0	1.5	11	0	1.5						
20	0.31824	0.04608	0.19296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
21	0.38736	0.06192	0.18432	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
22	0.42624	0.06768	0.18288	1208	320	2.2	2.7	1208	280	1.8	2.7	6.9	7.2	54	52	0	1.8	7	0	1.8						
23	0.432	0.06192	0.1728	1184	300	1.8	2.1	1184	280	1.9	2.3	6.9	7	52	52	0	0.9	6	0	0.9			11.9	2.35	98	6
24	0.28944	0.02016	0.16992	1096	280	2.1	2.5	1096	310	1.7	2.8	7.3	7.6	54	52	0	1.2	6	0	1.2						
25	0.36144	0.06624	0.16848	1184	340	2.1	2.8	1184	300	1.9	2.6	6.8	7.3	54	52	0	1.2	4	0	1.2						
26	0.40896	0.05328	0.18144	1124	280	2	2.5	1124	310	2.3	2.7	7.4	7.4	54	52	0	1.1	6	0	1.1						
27	0.3744	0.04752	0.17712	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
28	0.46224	0.0504	0.18576	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
29	0.38016	0.06336	0.19008	1148	340	1.6	1.9	1148	320	2.1	2.6	7.2	7.1	54	52	0	1.4	13	0	1.4						
30	0.39744	0.07344	0.19008	1112	310	1.8	1.9	1112	280	2.1	2.4	7.4	7	54	54	0	1.2	13	0	1.2			76.8	2	97.4	116
31	0.36	0.07344	0.18288	1004	280	2.1	2.3	1004	260	3.2	3.6	6.9	7	54	54	0	1.7	12	0	1.7						

1005 BOSTON POST ROAD
MADISON, CT 06443
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: 3/30/2021
Receipt Date: 3/30/2021
Report Date: 4/6/2021
Sample Site: Influent

Sample ID#: 138748
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	76.8	mg/L	SM5210B	2	3/31/2021	KC
Total Suspended Solids	116	mg/L	SM2540D	1	4/1/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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: 3/30/2021
Receipt Date: 3/30/2021
Report Date: 4/6/2021
Sample Site: Effluent

Sample ID#: 138749
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	3/31/2021	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	4/1/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-DIRECTOR

ND = Not Detected

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-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	3/30/21	8:50	X		x		1	x	x								138748
	Effluent	3/30/21	9:00	X		x		1	x	x								138749
	Effluent			x			x	1				x						

Relinquished by:	Date	Time	Received by:	Date	Time
	3/30/21			3/30/21	933
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 6194
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
~~Who was notified~~ _____

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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: 3/23/2021
Receipt Date: 3/23/2021
Report Date: 3/30/2021
Sample Site: Influent

Sample ID#: 138646
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	11.9	mg/L	SM5210B	2	3/24/2021	KC
Total Suspended Solids	6.00	mg/L	SM2540D	1	3/26/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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 ID#: 138647
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/23/2021
Receipt Date: 3/23/2021
Report Date: 3/30/2021
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.35	mg/L	SM5210B	2	3/24/2021	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	3/26/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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:
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	3/23/21	9:25	X		x		1	x	x							1381646
	Effluent	3/23/21	9:30	X		x		1	x	x							1381647
	Effluent			x			x	1				x					

Relinquished by:	Date	Time	Received by:	Date	Time
	3/23/21	9:35		3/23/21	939
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? Y N
Were Samples chilled upon reciept? Y N 9.0°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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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: 3/16/2021
Receipt Date: 3/16/2021
Report Date: 3/23/2021
Sample Site: Influent

Sample ID#: 138493
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	78.3	mg/L	SM5210B	2	3/17/2021	KC
Total Suspended Solids	44.0	mg/L	SM2540D	1	3/19/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR

JORDAN BARRIS - CO-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: 3/16/2021
Receipt Date: 3/16/2021
Report Date: 3/23/2021
Sample Site: Effluent

Sample ID#: 138494
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	3/17/2021	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	3/19/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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:
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	3/16/21	7:00	X		x		1	x	x							138493
	Effluent	3/16/21	7:10	X		x		1	x	x							138494
	~~Effluent~~			x			x	1				x					

Relinquished by:	Date	Time	Received by:	Date	Time
				3/16/21	939
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 0.7°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
~~Extra 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: 3/9/2021
Receipt Date: 3/9/2021
Report Date: 3/16/2021
Sample Site: Influent

Sample ID#: 138353
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	121	mg/L	SM5210B	2	3/10/2021	KC
Total Suspended Solids	74.0	mg/L	SM2540D	1	3/12/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR

JORDAN BARRIS - CO-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 ID#: 138354
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/9/2021
Receipt Date: 3/9/2021
Report Date: 3/16/2021
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/10/2021	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	3/12/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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:
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	3/9/21	7:20	X		x		1	x	x							138353
	Effluent	3/9/21	6:50	X		x		1	x	x							138354
	Effluent			x			x	1				x					

Relinquished by:	Date	Time	Received by:	Date	Time
				3/9/21	939
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 0.7 °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 ____

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-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	Required Analysis: TN Series	Ortho & Total Phos	Alkalinity (grab sample)	BOD/TSS	Fecal/Enterococcus May-Oct				Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)	3/2/21	7:10	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)					138215
	Effluent (Monthly)	3/2/21	6:50	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)					138216
	Influent (Monthly)	3/2/21	7:15	X			X	1			x		1 - 8oz					
	Effluent (Monthly)	3/2/21	7:00	X			X	1			x		1 - 8oz					
	Influent (Weekly)	3/2/21	7:10	X		X		1				x		1 - 8oz				
	Effluent (Weekly)	3/2/21	6:50	X		X		1				x		1 - 16oz				
	~~Effluent (Weekly)~~			X			X	1					x	~~1 - Bact.~~				

Relinquished by:	Date	Time	Received by:	
	3/2/21			3/2/21 936
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? Y / N 6.5 °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 preserved 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: 3/2/2021
Receipt Date: 3/2/2021
Report Date: 3/10/2021
Sample Site: Influent

Sample ID#: 138215
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	7.80	mg/L	ASTM D6919-03	0.05	3/5/2021	KC
Nitrate as N	1.88	mg/L	EPA300.0	0.1	3/2/2021	JB
Nitrite as N	0.07	mg/L	EPA300.0	0.01	3/2/2021	JB
Orthophosphate as P	1.19	mg/L	EPA300.0	0.04	3/2/2021	JB
Phosphorous -Total as P	1.35	mg/L	EPA 200.7	0.04	3/9/2021	JB
TKN as N	12.4	mg/L	4500NorgC	0.5	3/9/2021	KC
Total Nitrogen as N	14.4	mg/L	CALC	1	3/10/2021	KC

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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: 3/2/2021
Receipt Date: 3/2/2021
Report Date: 3/10/2021
Sample Site: Effluent

Sample ID#: 138216
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	1.04	mg/L	ASTM D6919-03	0.05	3/5/2021	KC
Nitrate as N	0.38	mg/L	EPA300.0	0.1	3/2/2021	JB
Nitrite as N	0.10	mg/L	EPA300.0	0.01	3/2/2021	JB
Orthophosphate as P	ND	mg/L	EPA300.0	0.04	3/2/2021	JB
Phosphorous -Total as P	ND	mg/L	EPA 200.7	0.04	3/9/2021	JB
TKN as N	1.66	mg/L	4500NorgC	0.5	3/9/2021	KC
Total Nitrogen as N	2.14	mg/L	CALC	1	3/10/2021	KC

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-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: 3/2/2021
Receipt Date: 3/2/2021
Report Date: 3/9/2021
Sample Site: Influent

Sample ID#: 138218
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	50.9	mg/L	SM5210B	2	3/3/2021	KC
Total Suspended Solids	54.0	mg/L	SM2540D	1	3/5/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR

JORDAN BARRIS - CO-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 ID#: 138219
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 3/2/2021
Receipt Date: 3/2/2021
Report Date: 3/9/2021
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.42	mg/L	SM5210B	2	3/3/2021	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	3/5/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-DIRECTOR

ND = Not Detected

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CONSULTING LABORATORIES, INC.

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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)	3/2/21	7:10	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)			
	Effluent (Monthly)	3/2/21	6:50	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)			
	Influent (Monthly)	3/2/21	7:15	X			X	1			x		1 - 8oz			
	Effluent (Monthly)	3/2/21	7:00	X			X	1			x		1 - 8oz			
	Influent (Weekly)	3/2/21	7:10	X		X		1				x	1 - 8oz			138218
	Effluent (Weekly)	3/2/21	6:50	X		X		1				x	1 - 16oz			138219
	~~Effluent (Weekly)~~			~~X~~			~~X~~	~~1~~					~~x~~	~~1 - Bact.~~		

Relinquished by:	Date	Time	Received by:	Date	Time
	3/2/21			3/2/21	936
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 0.5°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 preserved properly? (Y) N
~~If No explain above~~

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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: 3/2/2021
Receipt Date: 3/2/2021
Report Date: 3/8/2021
Sample Site: Listed Below

Sample ID#: 138217
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity(1 - Influent)	278	mg/L	SM2320-B	20	3/5/2021	JM
Alkalinity(2 - Effluent)	ND	mg/L	SM2320-B	20	3/5/2021	JM

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-DIRECTOR

ND = Not Detected

ENVIRONMENTAL
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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)	3/2/21	7:10	X		X		2	x	x				1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)	3/2/21	6:50	X		X		2	x	x				1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)	3/2/21	7:15	X			X	1			x			1 - 8oz		138217-1
	Effluent (Monthly)	3/2/21	7:00	X			X	1			x			1 - 8oz		-2
	Influent (Weekly)	3/2/21	7:10	X		X		1				x		1 - 8oz		
	Effluent (Weekly)	3/2/21	6:50	X		X		1				x		1 - 16oz		
	~~Effluent (Weekly)~~			X			X	1					x	~~1 - Bact.~~		

Relinquished by:	Date	Time	Received by:	
	3/2/21			3/2/21 9:36
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 0.5 °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 preserved properly? (Y) Y N
~~If No Explain~~ ____

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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: 3/16/2021
Receipt Date: 3/16/2021
Report Date: 3/26/2021
Sample Site: Sludge Press

Sample ID#: 138495
Sample Type: Solid
Sample Source: Bi-Annual Sludge Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Total Fixed Solids	14.9	%	CALC	0	3/16/2021	JM
Total Solids	11.99	%	160.3	0	3/16/2021	JM
Total Volatile Solids	85.1	%	160.4	0	3/16/2021	JM
Metals						
Arsenic	ND	mg/kg	EPA 6010C	8.4	3/25/2021	CET
Beryllium	ND	mg/kg	EPA 6010C	8.4	3/25/2021	CET
Cadmium	ND	mg/kg	EPA 6010C	4.2	3/25/2021	CET
Chromium	19	mg/kg	EPA 6010C	17	3/25/2021	CET
Copper	440	mg/kg	EPA 6010C	17	3/25/2021	CET
Lead	17	mg/kg	EPA 6010C	17	3/25/2021	CET
Mercury	ND	mg/kg	EPA 7471B	1.1	3/22/2021	CET
Nickel	ND	mg/kg	EPA 6010C	17	3/25/2021	CET
Zinc	770	mg/kg	EPA 6010C	17	3/25/2021	CET
Polychlorinatedbiphenols						
PCBs - Total	ND	mg/kg	EPA8082A	0.84	3/19/2021	CET

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

EN RONMENTAL
CONSULTING LABORATORIES, INC.

1005 Boston Post Road
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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	3/16/21	8AM		X		X	1	x	x	x							138495

Relinquished by: Date: Time: Received by: 3/16/21 935

Relinquished by: Date: Time: Received by:

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 6-7°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
[redacted]

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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: 3/9/2021
Receipt Date: 3/9/2021
Report Date: 3/23/2021
Sample Site: Final Effluent

Sample ID#: 138355
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	3/9/2021	JB
Chemical						
Ammonia as N	2.30	mg/L	ASTM D6919-03	0.05	3/16/2021	KC
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	3/10/2021	KC
Cyanide-Amenable	ND	mg/L	EPA 335.4	0.05	3/17/2021	CET
Cyanide-Total	ND	mg/L	EPA 335.4	0.05	3/17/2021	CET
Nitrate as N	0.35	mg/L	EPA300.0	0.1	3/9/2021	JB
Nitrite as N	0.14	mg/L	EPA300.0	0.01	3/9/2021	JB
Phenols - Total	ND	mg/L	420.1	0.1	3/17/2021	CET
Phosphorous -Total as P	ND	mg/L	EPA 200.7	0.04	3/16/2021	JB
Total Suspended Solids	ND	mg/L	SM2540D	1	3/12/2021	JB
Alkalinity(1 - Initial)	ND	mg/L	SM2320-B	20	3/11/2021	JM
Chlorine- Residual,Total(1 - Initial)	ND	mg/L	SM4500-Cl G	0.02	3/9/2021	JB
Hardness-Total(1 - Initial)	4.65	mg/L	EPA 200.7	1	3/19/2021	JB
Alkalinity(2 - Daph)	ND	mg/L	SM2320-B	20	3/11/2021	JM
Chlorine- Residual,Total(2 - Daph)	ND	mg/L	SM4500-Cl G	0.02	3/11/2021	JB
Hardness-Total(2 - Daph)	12.2	mg/L	EPA 200.7	1	3/19/2021	JB
Alkalinity(3 - Fish)	ND	mg/L	SM2320-B	20	3/11/2021	JM
Chlorine- Residual,Total(3 - Fish)	ND	mg/L	SM4500-Cl G	0.02	3/11/2021	JB
Hardness-Total(3 - Fish)	5.85	mg/L	EPA 200.7	1	3/19/2021	JB
Metals						
Aluminum	ND	mg/L	EPA 200.8	0.05	3/22/2021	CET
Antimony	ND	mg/L	EPA 200.8	0.01	3/22/2021	CET
Arsenic	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Beryllium	ND	mg/L	EPA 200.8	0.001	3/22/2021	CET

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: 3/9/2021
Receipt Date: 3/9/2021
Report Date: 3/23/2021
Sample Site: Final Effluent

Sample ID#: 138355
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	3/22/2021	CET
Chromium	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Chromium(Hexavalent)	ND	mg/L	SM3500-CrD	0.01	3/9/2021	KC
Copper	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Iron	0.047	mg/L	200.8	0.04	3/22/2021	CET
Lead	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Mercury	ND	mg/L	EPA245.2	0.0002	3/17/2021	CET
Nickel	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Selenium	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Silver	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Thallium	ND	mg/L	EPA 200.8	0.005	3/22/2021	CET
Zinc	0.028	mg/L	EPA 200.8	0.02	3/22/2021	CET
Physical						
Conductivity(1 - Initial)	35.2	umhos/cm	SM2510B	1	3/9/2021	JB
Conductivity(2 - Daph)	60.0	umhos/cm	SM2510B	1	3/11/2021	JB
Conductivity(3 - Fish)	43.4	umhos/cm	SM2510B	1	3/11/2021	JB

DAVID BARRIS - LABORATORY DIRECTOR JORDAN BARRIS - CO-DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

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: 3/8/21 3/9/21 (date) Received On: 3/9/2021 (date)
Test Species: *Daphnia pulex* Source: ECL Age: < 24 hr
Test Duration: 48 hours, Beginning: 3:10 (am/pm) On: 3/9/2021 (date)

Effluent Dilution (%) / Hour	Number of Organisms Surviving			Dissolved Oxygen (mg/L)			Temperature (°C)			pH (su)		
	00	24	48	00	24	48	00	24	48	00	24	48
100 A	10	9	8	9.7	9.5	9.4	20	19	19	5.3	6.4	6.6
100 B	10	10	9	9.7	9.5	9.5	20	19	19	5.3	6.4	6.6
100 C	10	10	10	9.7	9.5	9.5	20	19	19	5.3	6.4	6.7
100 D	10	9	9	9.7	9.5	9.5	20	19	19	5.3	6.4	6.7
100 E	10	10	10	9.7	9.5	9.5	20	19	19	5.3	6.4	6.7
CONTROL 1	10	10	10	8.8	8.4	8.2	21	21	21	7.4	7.5	7.7
CONTROL 2	10	10	10	8.8	8.6	8.1	21	21	21	7.4	7.5	7.7
CONTROL 3	10	10	10	8.8	8.7	8.4	21	21	21	7.4	7.5	7.7

MEAN SAMPLE SURVIVAL (%)		CONTROL SURVIVAL (%)	1	2	3
[(A+B+C+D+E) / 5] X 10 =	92		100	100	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Daphnia pulex	11/2/20	CuNO3	ECL	2.28 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 M. Title: Supervisor

Signature: K. M. Date: 3/25/2021

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): 3/8/21 - 3/9/21

Sample Collection Time: FROM: 0700 (AM/PM) TO: (AM/PM) 0730

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 %	100 %	100 %

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	92 %
Pimephales promelas	96 %

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: Chief Operator

Signature: Date: 4/12/21

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: 3/8/21 - 3/9/21 (date) Received On: 3/9/2021 (date)

Test Species: *Pimephales promelas* Source: ECL Age: 8 Days
Test Duration: 48 hours, Beginning: 3:10 (am/pm) On: 3/9/2021 (date)

Effluent Dilution (%)	Hour	Number of Organisms Surviving			Dissolved Oxygen (mg/L)			Temperature (°C)			pH (su)		
		00	24	48	00	24	48	00	24	48	00	24	48
100 A		10	10	9	9.7	9.2	9.1	20	19	19	5.3	6.7	6.8
100 B		10	10	10	9.7	9.2	9.1	20	19	19	5.3	6.7	6.7
100 C		10	10	10	9.7	9.2	9.2	20	19	19	5.3	6.7	6.7
100 D		10	10	9	9.7	9.3	9.2	20	19	19	5.3	6.7	6.7
100 E		10	10	10	9.7	9.3	9.2	20	19	19	5.3	6.7	6.7
CONTROL 1		10	10	10	8.8	8.3	8.0	21	21	21	7.4	7.5	7.5
CONTROL 2		10	10	10	8.8	8.1	7.6	21	21	21	7.4	7.5	7.5
CONTROL 3		10	10	10	8.8	8.3	7.9	21	21	21	7.4	7.5	7.5

MEAN SAMPLE SURVIVAL (%)

[(A+B+C+D+E) / 5] X 10 = 96

CONTROL SURVIVAL (%)	1	2	3
	100	100	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Pimephales promelas	11/2/20	CuNO3	ECL	16.9 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 M. Clark Title: Supervisor

Signature: K. M. Clark Date: 3/25/2021

Supplemental Chemistry (part 2s)

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

Sample Collection Date(s): 3/8/21 - 3/9/21
Sample Collection Time: FROM: 0700 (AM/PM) TO: 0730 (AM/PM)

Effluent Sample

Parameter / Hours	Effluent Sample
	Initial (00)
pH	5.3
Conductivity	35.2
Alkalinity	<20.0
Hardness	4.65
TRC	<0.02

100% Test Sample

Parameter / Hours	*Daphnia pulex*		*Pimephales promelas*	
	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	35.2	60.0	35.2	43.4
Alkalinity	<20.0	<20.0	<20.0	<20.0
Hardness	4.65	12.2	4.65	5.85
TRC	<0.02		<0.02	

0% Test Sample (Control)

Parameter / Hours	*Daphnia pulex*		*Pimephales promelas*	
	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	171	206	171	201
Alkalinity	39.5	41.4	39.5	44.2
Hardness	58.3	65.3	58.3	62.5
TRC	<0.02		<0.02	

LaboratoryOfficial: Kevin M. Clark Title: Supervisor

Signature: K. M. Clark Date: 3/25/2021

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

Signature:

Title: Chief Operator

Date: 4/12/21

Sample Date: 3/8/21 - 3/9/21

Sample Day's Flow: .194

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		2.30
Each Test	001 T	mg/L	NITRITE, as N		0.14
Each Test	001 T	mg/L	NITRATE, as N		0.35
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		<0.005
Each Test	001 T	mg/L	ZINC, Total		0.028
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 pH 8.35

Signature: DC Schaefer

Date: 3/25/24

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

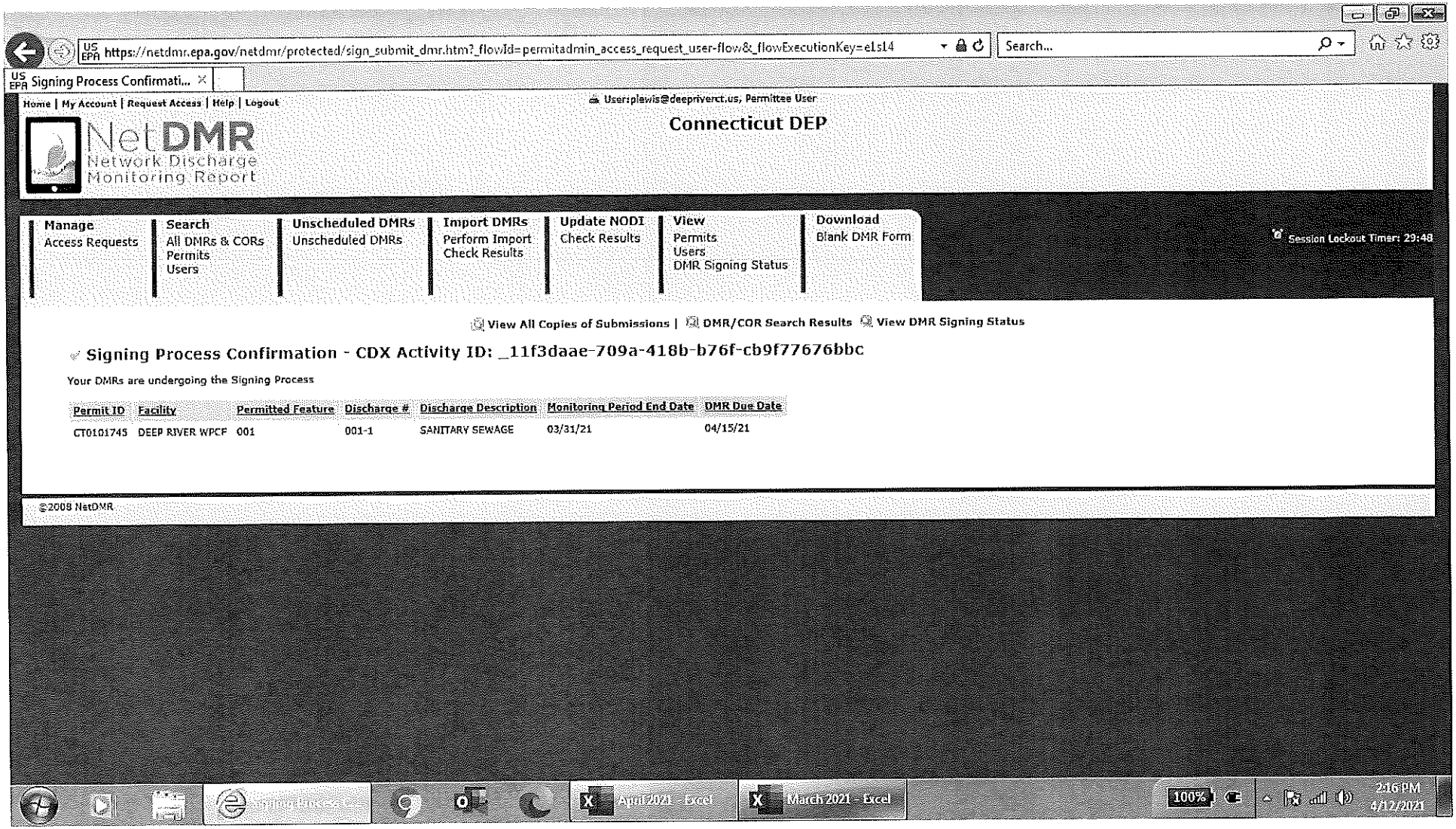
Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Required Analysis: Dual Sp. Screen w/Supp Chem	NO_2, NO_3, NH_3, CN-T/A	Phenols, Sb, As, Be, Cd, Cr	Cr+6, Cu, Pb, Ni, Hg, Zn, Tl	Ag, Se, BOD & TSS				Cl_2 Res.	ECL Sample I.D.#
	Final Effluent	3/9/21	7:00	X			X	5	X	X	X	X	X					138355

All bacteria samples must have corresponding field chlorine residual recorded

Relinquished by:	Date	Time	Received by:	Date	Time
				3/9/21	939
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 0.2
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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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: 29:48
View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status
Signing Process Confirmation - CDX Activity ID: _11f3daae-709a-418b-b76f-cb9f77676bbc
Your DMRs are undergoing the Signing Process
Permit ID
Facility
Permitted Feature
Discharge #
Discharge Description
Monitoring Period End Date
DMR Due Date
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