

Connecticut DEP



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DMR Signing Status

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Signing Process Confirmation - CDX Activity ID: _391ec060-1811-462b-a933-72679735940b

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	05/31/20	06/15/20

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MADISON, CT 06443
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Connecticut Certification PH-0535
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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#: 131919
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical Alkalinity	129	mg/L	SM2320-B	20	5/7/2020	JM

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

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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Report of Analysis

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

Sample ID#: 131917
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	17.8	mg/L	ASTM D6919-03	0.05	5/8/2020	KC
Nitrate as N	1.28	mg/L	EPA300.0	0.1	5/6/2020	JB
Nitrite as N	0.09	mg/L	EPA300.0	0.01	5/6/2020	JB
Orthophosphate as P	2.45	mg/L	EPA300.0	0.02	5/6/2020	JB
Phosphorous -Total as P	4.11	mg/L	EPA 200.7	0.04	5/12/2020	JB
TKN as N	19.7	mg/L	4500NorgC	0.5	5/11/2020	KC
Total Nitrogen as N	21.1	mg/L	CALC	1	5/12/2020	KC

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

DAVID BARRIS - LABORATORY DIRECTOR

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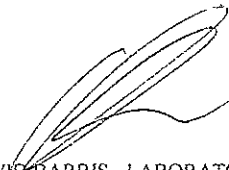
Report of Analysis

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

Sample ID#: 131918
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	0.59	mg/L	ASTM D6919-03	0.05	5/8/2020	KC
Nitrate as N	ND	mg/L	EPA300.0	0.1	5/6/2020	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	5/6/2020	JB
Orthophosphate as P	0.17	mg/L	EPA300.0	0.02	5/6/2020	JB
Phosphorous -Total as P	0.17	mg/L	EPA 200.7	0.04	5/12/2020	JB
TKN as N	0.59	mg/L	4500NorgC	0.5	5/8/2020	KC
Total Nitrogen as N	<1.00	mg/L	CALC	1	5/13/2020	DB



DAVID BARRIS - LABORATORY DIRECTOR

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Report of Analysis

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

Sample ID#: 131920
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical Alkalinity	38.4	mg/L	SM2320-B	20	5/7/2020	JM

A handwritten signature in black ink, appearing to read "DB", is positioned above the name "DAVID BARRIS - LABORATORY DIRECTOR".

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#: 131921
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	45.8	mg/L	SM5210B	2	5/6/2020	KC
Total Suspended Solids	45.0	mg/L	SM2540D	1	5/8/2020	JB

A handwritten signature in black ink, appearing to read "David Barris".

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/13/2020
Sample Site: Effluent

Sample ID#: 131922
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	4.67	mg/L	SM5210B	2	5/6/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	5/8/2020	JB

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DAVID BARRIS - LABORATORY DIRECTOR

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Report of Analysis

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

Sample ID#: 131923
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Sample Date: 5/5/2020
Receipt Date: 5/5/2020
Report Date: 5/7/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	5/5/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	5/5/2020	JB

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

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

Client: Town of Deep River-WPCF Contact: Mr. Peter Lewis Address: 99 Winter Ave, Deep River, CT 06417 Phone: 860-526-6044				Project: Monthly + Weekly Influent/Effluent Testing		Required Analysis TN Series Ortho & Total Phos Alkalinity (grab sample) BOD/TSS Fecal/Enterococcus May-Oct				Cl ₂ Res. ECL Sample I.D.#	
PWSID#:				System Type:				Samplers Name: (Print) <i>John Ely</i>			
Client I.D.	Sampling Location	Date	Time	Sample Type		Number of Containers					
				Water	Solid	Comp	Grab				
	Influent (Monthly)	5/5/20	8:10	X		X					
	Effluent (Monthly)	5/5/20	8:35	X		X					
	Influent (Monthly)	5/5/20	8:15	X			X				
	Effluent (Monthly)	5/5/20	8:30	X			X				
	Influent (Weekly)	5/5/20	8:10	X		X					
	Effluent (Weekly)	5/5/20	8:35	X		X					
	Effluent (Weekly)	5/5/20	8:30	X			X				

Relinquished by:	Date	Time	Received by:	5/5/20	9:33	Were Samples received within holding time? ☒ Y ☐ N Were Samples chilled upon receipt? ☒ Y ☐ N Were Samples in appropriate containers? ☒ Y ☐ N If No Explain
Relinquished by:	Date	Time	Received by:			Are containers broken/leaking? ☒ Y ☐ N Did Samples need to be split upon receipt? ☒ Y ☐ N Were Samples preserved properly? ☒ Y ☐ N If No Explain

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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#: 132059
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client
Sample Date: 5/12/2020
Receipt Date: 5/12/2020
Report Date: 5/19/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	209	mg/L	SM5210B	2	5/13/2020	KC
Total Suspended Solids	400	mg/L	SM2540D	1	5/15/2020	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#: 132060
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 5/12/2020
Receipt Date: 5/12/2020
Report Date: 5/19/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	5/13/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	5/15/2020	JB

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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#: 132061
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Sample Date: 5/12/2020
Receipt Date: 5/12/2020
Report Date: 5/14/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	5/12/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	5/12/2020	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

1093 Boston Post Road
Madison, CT 06443

C. SULTING LABORATORIES, INC.

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)

[illegible]

Relinquished by:

Received by:

Time

Date _____

Relinquished by:

Received by: CC/08

Time

Date _____

Were Samples received within holding time? ☒ Y / ☐ N

Were Samples chilled upon receipt? ☒ Yes ☐ No

Were Samples in appropriate containers? ☒ Yes ☐ No

If No Explain

Are containers broken/leaking? ☒ YIN

Did Samples need to be split upon receipt? ☒ N

Were Samples presented properly? Y / N



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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 5/19/2020
Receipt Date: 5/19/2020
Report Date: 5/21/2020
Sample Site: Effluent

Sample ID#: 132247
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	5/19/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	5/19/2020	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 Date: 5/19/2020
Receipt Date: 5/19/2020
Report Date: 5/27/2020
Sample Site: Effluent

Sample ID#: 132246
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	3.98	mg/L	SM5210B	2	5/20/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	5/22/2020	JB

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DAVID BARRIS - LABORATORY DIRECTOR

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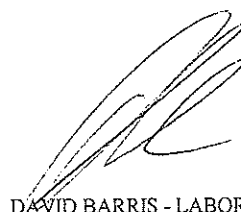
Report of Analysis

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

Sample ID#: 132245
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 5/19/2020
Receipt Date: 5/19/2020
Report Date: 5/27/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	105	mg/L	SM5210B	2	5/20/2020	KC
Total Suspended Solids	206	mg/L	SM2540D	1	5/22/2020	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

U.S. Info

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

Did Samples need to be split upon receipt? Y / N
Were Samples presented properly? Y / N

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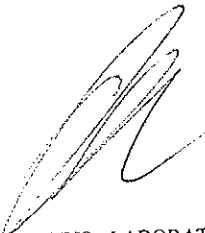
Report of Analysis

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

Sample ID#: 132370
Sample Type: Wastewater
Sample Source: Weekly Bacteria Testing
Sampler: Client

Sample Date: 5/26/2020
Receipt Date: 5/26/2020
Report Date: 5/29/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Enterococcus Bacteria	<10	MPN/100mL	Enterolert	10	5/26/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	5/26/2020	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 Date: 5/26/2020
Receipt Date: 5/26/2020
Report Date: 6/3/2020
Sample Site: Influent

Sample ID#: 132368
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	78.4	mg/L	SM5210B	2	5/27/2020	KC
Total Suspended Solids	69.0	mg/L	SM2540D	1	5/29/2020	JB

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DAVID BARRIS - LABORATORY DIRECTOR

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Report of Analysis

Name: Town of Deep River WPCF
99 Winter Ave
Deep River, CT 06417
Attn: Pete Lewis
Sample Date: 5/26/2020
Receipt Date: 5/26/2020
Report Date: 6/3/2020
Sample Site: Effluent

Sample ID#: 132369
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	5/27/2020	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	5/29/2020	JB


DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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(203) 318-0930 Fax

Did Samples need to be split upon receipt? Y / N