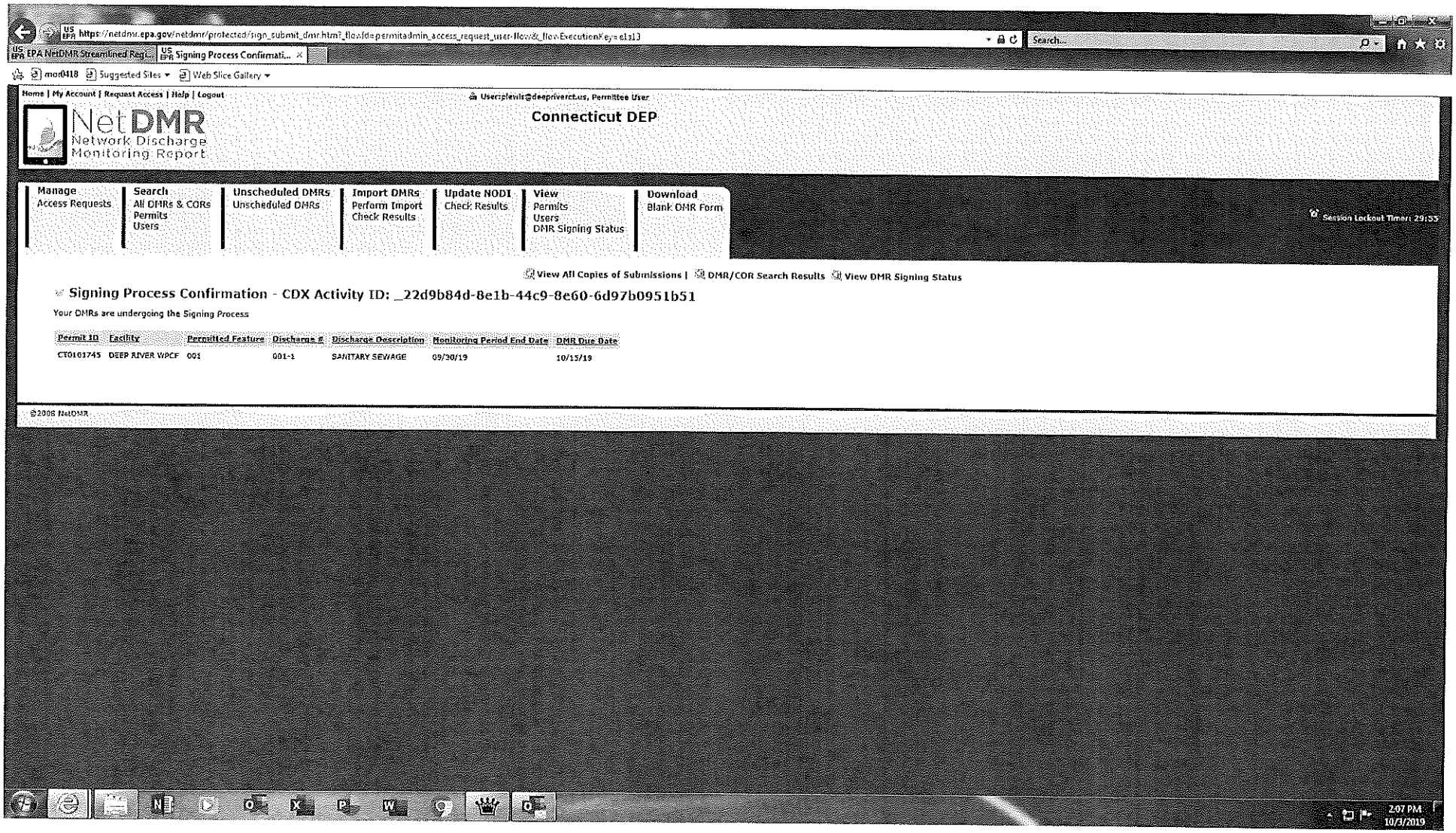
https://netdmr.epa.gov/netdmr/protected/sign_submit_dmr.html?_flowId=permitadmin_access_request_user-flow&_flowExecutionKey=e1s1
EPA NetDMR Streamlined Regi...
Signing Process Confirmati...
mor0418
Suggested Sites
Web Slice Gallery
Home | My Account | Request Access | Help | Logout
User:plewis@deepriverct.us, 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: 29:55
View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status
Signing Process Confirmation - CDX Activity ID: _22d9b84d-8e1b-44c9-8e60-6d97b0951b51
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
09/30/19
10/15/19
©2008 NetDMR
2:07 PM
10/3/2019

Town of Deep River WPCA MOR Sep-19

	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	0.31104	0.0072	0.14339	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.95			0				
2	0.03024	0.03456	0.13376	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.95			0				
3	0.31824	0.04032	0.13429	1448	350	2	2.2	1180	340	1.9	2.5	6.9	7.1	67	70	0	0.7	6	0.95	<2	<10	7.2	163	2	98.77301	166
4	0.32112	0.02592	0.13521	1104	320	2.6	2.8	1188	340	1.8	2.2	6.8	7	56	68	0	0.6	6	0.95			6.9				
5	0.33696	0.03168	0.13481	1548	280	2.6	2.9	1188	240	2.4	2.6	6.5	7	66	71	0	0.6	3	0.96			7.1				
6	0.33696	0.03168	0.13465	1564	320	1.4	1.9	1524	290	2.1	2.4	6.6	7	67	72	0	0.6	3	0.95			7				
7	0.31536	0.04032	0.14064	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0.96			0				
8	0.3312	0.0432	0.13872	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0.95			0				
9	0.37584	0.04464	0.13771	1120	280	3	3.2	812	280	2.9	3.4	6.7	7	65	73	0	0.5	6	0.94			6.8				
10	0.30816	0.01728	0.13008	1016	280	3	3.5	1000	300	2.8	2.9	6.9	6.9	67	72	0	0.5	3	0.94	<2	<10	7.5	77.8	2.4	96.91517	94
11	0.29952	0.04032	0.13061	1388	300	2.7	3.1	772	260	2.4	2.6	6.9	7	67	72	0	0.6	8	0.94			6.7				
12	0.29808	0.04752	0.13696	1464	340	1.9	2.4	816	280	3.1	3.3	6.6	7	59	72	0	0.4	12	0.96			6.9				
13	0.3024	0.04032	0.1296	1092	320	2.8	3	1472	340	2.3	2.6	6.7	7	59	72	0	0.6	22	0.95			7.1				
14	0.31968	0.03744	0.13926	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.95			0				
15	0.32256	0.03744	0.13165	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0.94			0				
16	0.37728	0.03168	0.14833	1804	300	2.5	2.7	2408	300	3.1	3.6	6.5	7	57	72	0	0.5	4	0.95			6.9				
17	0.3816	0.04176	0.14256	1368	320	2.4	2.6	1092	320	2.6	2.9	6.7	7	65	71	0	1.2	0	0.95	<2	<10	6.5	126	2	98.4127	208
18	0.28368	0.04896	0.14256	1932	360	2.4	2.9	1364	340	1.8	2.7	7.1	6.9	67	70	0	0.6	6	0.95			7.2				
19	0.31536	0.03888	0.13544	1516	360	1.9	2.2	1364	340	1.6	2.3	6.5	6.9	59	70	0	0.8	6	0.95			6.7				
20	0.31248	0.04032	0.13237	1452	300	2.2	2.4	1452	300	2.1	2.5	6.7	6.9	58	70	0	0.5	6	0.95			7.4				
21	0.33696	0.01152	0.12495	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.95			0				
22	0.30384	0.01008	0.13549	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0.94			0				
23	0.33264	0.03888	0.13328	2288	360	2.4	2.6	2288	360	1.8	2.4	6.6	6.9	58	71	0	0.6	6	0.95			3.3				
24	0.3528	0.0432	0.13092	1116	280	1.9	2.6	1116	320	2.6	2.9	7.1	6.9	62	70	0	0.8	6	0.96	<2	<10	6.9	127	2	98.4252	96
25	0.29952	0.0432	0.12968	1416	310	2.5	2.6	1416	320	2.7	3	6.7	7.1	56	71	0	0.8	4	0.94			7.1				
26	0.33696	0.03456	0.13382	1136	300	2.7	2.9	1136	290	2.3	2.5	7	6.7	68	71	0	0.5	6	0.96			6.5				
27	0.53568	0.036	0.13038	1108	290	2.3	2,7	1108	310	2.7	2.8	6.7	7.1	66	71	0	0.6	4	0.95			7.1				
28	0.3456	0.03024	0.13471	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.94			0				
29	0.36144	0.03888	0.13904	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0.94			0				
30	0.32112	0.0288	0.12565	1172	300	1.8	2.2	1172	280	2.4	2.6	6.9	6.9	68	70	0	0.8	3	0.95			7.2				

ipended 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	98.79518	28.7	ND	ND	ND	0.16	0.49	37.6	0.72	37.8	1.21	1.35	0.23	0.17	20	<20
0	100															
12	94.23077															
5	94.79167															

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

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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: 9/17/2019
Receipt Date: 9/17/2019
Report Date: 9/20/2019
Sample Site: Effluent

Sample ID#: 127617
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	9/17/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/17/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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: Fecal/Enterocci (May-Oct)	ECL Sample I.D.#
	Influent	9/17/19	8:35	X		x		1	x	x		
	Effluent	9/17/19	8:25	X		x		1	x	x		
	Effluent	9/17/19	8:00	x			x	1			x	127617

Relinquished by: _____ Date _____ Time _____ Received by: _____ 9/17/19 9:40 AM

Relinquished by: _____ Date _____ Time _____ Received by: _____

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 2.0c
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 Initials~~

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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: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/19/2019
Sample Site: Sludge Press

Sample ID#: 127438
Sample Type: Solid
Sample Source: Bi-Annual Sludge Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Total Fixed Solids	20.2	%	CALC	0	9/13/2019	JB
Total Solids	14.1	%	160.3	0	9/13/2019	JB
Total Volatile Solids	79.8	%	160.4	0	9/13/2019	JB
Metals						
Arsenic	ND	mg/kg	EPA 6010C	6.9	9/16/2019	CET
Beryllium	ND	mg/kg	EPA 6010C	6.9	9/16/2019	CET
Cadmium	ND	mg/kg	EPA 6010C	3.5	9/16/2019	CET
Chromium	19.0	mg/kg	EPA 6010C	14	9/16/2019	CET
Copper	610	mg/kg	EPA 6010C	14	9/16/2019	CET
Lead	28.0	mg/kg	EPA 6010C	14	9/16/2019	CET
Mercury	1.9	mg/kg	EPA 7471B	0.89	9/16/2019	CET
Nickel	52.0	mg/kg	EPA 6010C	14	9/16/2019	CET
Zinc	680	mg/kg	EPA 6010C	14	9/16/2019	CET
Polychlorinatedbiphenols						
PCBs - Total	ND	mg/kg	EPA8082A	0.71	9/16/2019	CET

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

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: Fax:

Project: **Bi-annual Sludge Testing**

PWSID#:
System Type:

Samplers Name: (Print) John Ely

Required Analysis

All bacteria samples must have corresponding field chlorine residual recorded

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	Total, Fixed and Volitile Solids	Zn, Be, Cu, Ni, Pb, Cd, Cr	Hg, PCB's, As						Cl_2 Res.	ECL Sample I.D.#
	Sludge Press	9/10/19	8:25		X		X	1	x	x	x							127438

Relinquished by:	Date	Time	Received by:	Date	Time
	9/10/19			9/10/19	2:50
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
~~Which 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: 9/17/2019
Receipt Date: 9/17/2019
Report Date: 9/24/2019
Sample Site: Influent

Sample ID#: 127615
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	126	mg/L	SM5210B	2	9/18/2019	KC
Total Suspended Solids	208	mg/L	SM2540D	1	9/20/2019	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: 9/17/2019
Receipt Date: 9/17/2019
Report Date: 9/24/2019
Sample Site: Effluent

Sample ID#: 127616
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	9/18/2019	KC
Total Suspended Solids	12.0	mg/L	SM2540D	1	9/20/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

CULTING 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	9/17/19	8:35	X		x		1	x	x								12615
	Effluent	9/17/19	8:25	X		x		1	x	x								12616
	Effluent	9/17/19	8:00	x			x	1				x						

Relinquished by: _____ Date _____ Time _____ Received by: _____ 9/17/19 9:40 AM

Relinquished by: _____ Date _____ Time _____ Received by: _____

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N
Were Samples in appropriate containers? (Y) N
If No Explain _____
Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N)
Were Samples presented properly? (Y) N
[redacted]

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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: 9/24/2019
Receipt Date: 9/24/2019
Report Date: 9/27/2019
Sample Site: Effluent

Sample ID#: 127769
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	9/24/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/24/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

NSULTING 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	9/24/19	8:35	X		x		1	x	x							
	Effluent	9/24/19	8:30	X		x		1	x	x							
	Effluent	9/24/19	8:20	x			x	1				x					127691

Relinquished by: Theresa F. M. [illegible] Date 09/24/ Time
Received by: [illegible] 9/24/19 9:32
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 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 Date: 9/24/2019
Receipt Date: 9/24/2019
Report Date: 10/2/2019
Sample Site: Influent

Sample ID#: 127767
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	127	mg/L	SM5210B	2	9/25/2019	KC
Total Suspended Solids	96.0	mg/L	SM2540D	1	9/27/2019	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: 9/24/2019
Receipt Date: 9/24/2019
Report Date: 10/2/2019
Sample Site: Effluent

Sample ID#: 127768
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	9/25/2019	KC
Total Suspended Solids	5.00	mg/L	SM2540D	1	9/27/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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	9/24/19	8:35	X		x		1	x	x							127167
	Effluent	9/24/19	8:30	X		x		1	x	x							127168
	Effluent	9/24/19	8:20	x			x	1				x					

Relinquished by: Theresa F. M. [signature] Date 09/24/19 Time
Received by: [signature] 9/24/19 9:32

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

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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: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/12/2019
Sample Site: Influent

Sample ID#: 127230
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	28.7	mg/L	ASTM D6919-03	0.05	9/9/2019	KC
Nitrate as N	0.16	mg/L	EPA300.0	0.1	9/5/2019	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/5/2019	JB
Orthophosphate as P	3.32	mg/L	EPA300.0	0.02	9/5/2019	JB
Phosphorous -Total as P	4.56	mg/L	EPA 200.7	0.04	9/6/2019	JB
TKN as N	37.6	mg/L	4500NorgC	0.5	9/11/2019	KC
Total Nitrogen as N	37.8	mg/L	CALC	1	9/12/2019	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: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/12/2019
Sample Site: Effluent

Sample ID#: 127231
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	ND	mg/L	ASTM D6919-03	0.05	9/9/2019	KC
Nitrate as N	0.49	mg/L	EPA300.0	0.1	9/5/2019	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/5/2019	JB
Orthophosphate as P	0.17	mg/L	EPA300.0	0.02	9/5/2019	JB
Phosphorous -Total as P	0.23	mg/L	EPA 200.7	0.04	9/6/2019	JB
TKN as N	0.72	mg/L	4500NorgC	0.5	9/11/2019	KC
Total Nitrogen as N	1.21	mg/L	CALC	1	9/12/2019	KC

DAVID BARRIS - LABORATORY DIRECTOR

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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: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/5/2019
Sample Site: Influent

Sample ID#: 127232
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity	133	mg/L	SM2320-B	20	9/4/2019	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: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/5/2019
Sample Site: Effluent

Sample ID#: 127233
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity	<20.0	mg/L	SM2320-B	20	9/4/2019	KC

DAVID BARRIS - LABORATORY 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: **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)	9/3/19	8:40	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		27230
	Effluent (Monthly)	↓	8:20	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		27231
	Influent (Monthly)	9/3/19	8:45	X			X	1			x		1 - 8oz		27232
	Effluent (Monthly)	↓	8:25	X			X	1			x		1 - 8oz		27233
	Influent (Weekly)		8:40	X		X		1				x	1 - 8oz		
	Effluent (Weekly)		8:20	X		X		1				x	1 - 16oz		
	Effluent (Weekly)		8:25	X			X	1					x 1 - Bact.		

Relinquished by:	Date	Time	Received by:	Date	Time
				9/3/19	937
Relinquished by:	Date	Time	Received by:		

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 2.0c
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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Report of Analysis

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

Sample Date: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/11/2019
Sample Site: Influent

Sample ID#: 127234
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	163	mg/L	SM5210B	2	9/4/2019	KC
Total Suspended Solids	166	mg/L	SM2540D	1	9/6/2019	JB

DAVID HARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL
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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#: 127235
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/11/2019
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	9/4/2019	KC
Total Suspended Solids	2.00	mg/L	SM2540D	1	9/6/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

ENVIRONMENTAL
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1005 Boston Post Road
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(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	Containers	Cl$_2$ Res.	ECL Sample I.D.#
	Influent (Monthly)		8:40	X		X		2	x	x				1 - 16oz, 1 - 4oz (H2S04)		
	Effluent (Monthly)		8:20	X		X		2	x	x				1 - 32oz, 1 - 4oz (H2S04)		
	Influent (Monthly)	9/3/19	8:45	X			X	1			x			1 - 8oz		
	Effluent (Monthly)	↓	8:25	X			X	1			x			1 - 8oz		
	Influent (Weekly)	9/3/19	8:40	X		X		1				x		1 - 8oz		127234
	Effluent (Weekly)	↓	8:20	X		X		1				x		1 - 16oz		127235
	Effluent (Weekly)		8:25	X			X	1					x	1 - Bact.		

Relinquished by:	Date	Time	Received by:	
[signature]			[signature] 9/3/19 937	Were Samples received within holding time? (Y) N Were Samples chilled upon reciept? (Y) N 2.0°C Were Samples in appropriate containers? (Y) N If No Explain
Relinquished by:	Date	Time	Received by:	Are containers broken/leaking? Y (N) Did Samples need to be split upon receipt? Y (N) Were Samples presented properly? (Y) N [redacted]

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ENVIRONMENTAL
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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: 9/3/2019
Receipt Date: 9/3/2019
Report Date: 9/5/2019
Sample Site: Effluent

Sample ID#: 127236
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	9/3/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/3/2019	JB

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	Required Analysis	Cl_2 Res.	ECL Sample I.D.#
	Influent (Monthly)		8:40	X		X		2	x	x				1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)		8:20	X		X		2	x	x				1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)		8:45	X			X	1			x			1 - 8oz		
	Effluent (Monthly)		8:25	X			X	1			x			1 - 8oz		
	Influent (Weekly)		8:40	X		X		1				x		1 - 8oz		
	Effluent (Weekly)		8:20	X		X		1				x		1 - 16oz		
	Effluent (Weekly)	9/3/19	8:25	X			X	1					x	1 - Bact.		127230

Relinquished by:	Date	Time	Received by:	
				9/3/19 937
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? Y / N
Were Samples chilled upon reciept? Y / N 2.0C
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: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/12/2019
Sample Site: Effluent

Sample ID#: 127436
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	9/10/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/10/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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1005 Boston Post Road
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(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)

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	9/10/19	8:35	X		x		1	x	x								
	Effluent	9/10/19	8:45	X		x		1	x	x								
	Effluent	9/10/19	8:15	x			x	1				x						127436

Relinquished by:	Date	Time	Received by:	
	9/10/19			9/10/19
Relinquished by:	Date	Time	Received by:	955

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 2.0°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

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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#: 127434
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/17/2019
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	77.8	mg/L	SM5210B	2	9/11/2019	KC
Total Suspended Solids	94.0	mg/L	SM2540D	1	9/13/2019	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 ID#: 127435
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/17/2019
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	2.40	mg/L	SM5210B	2	9/11/2019	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	9/13/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)

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	TSS		Fecal/Enterocci (May-Oct)					ECL Sample I.D.#
	Influent	9/10/19	8:35	X		x		1	x	x							127434
	Effluent	9/10/19	8:45	X		x		1	x	x							127435
	Effluent	9/10/19	8:15	x			x	1				x					

Relinquished by: _____ Date 9/10/19 Time _____ Received by: _____ 9/10/19 9:55

Relinquished by: _____ Date _____ Time _____ Received by: _____

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 2.0°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

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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: 9/17/2019
Receipt Date: 9/17/2019
Report Date: 9/20/2019
Sample Site: Effluent

Sample ID#: 127617
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	9/17/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/17/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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	9/17/19	8:35	X		x		1	x	x								
	Effluent	9/17/19	8:25	X		x		1	x	x								
	Effluent	9/17/19	8:00	x			x	1				x						127617

Relinquished by: _____ Date _____ Time _____ Received by: _____ 9/17/19 9:40 AM

Relinquished by: _____ Date _____ Time _____ Received by: _____

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 1.7°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
~~Wet 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: 9/24/2019
Receipt Date: 9/24/2019
Report Date: 9/27/2019
Sample Site: Effluent

Sample ID#: 127769
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	9/24/2019	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/24/2019	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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1005 Boston Post Road
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(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	9/24/19	8:35	X		x		1	x	x							
	Effluent	9/24/19	8:30	X		x		1	x	x							
	Effluent	9/24/19	8:20	x			x	1				x					127769

Relinquished by: Theresa F. M. [illegible] Date: 09/24/1 Time:
Relinquished by: Date: Time:

Received by: [signature] 9/24/19 9:32
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)

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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: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/25/2019
Sample Site: Final Effluent

Sample ID#: 127437
Sample Type: Wastewater
Sample Source: Bi-Annual Toxicity Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Aquatic Toxicity	PASSED	%	AQ	0	9/10/2019	KC
Chemical						
Ammonia as N	ND	mg/L	ASTM D6919-03	0.05	9/18/2019	KC
Biological Oxygen Demand	2.28	mg/L	SM5210B	2	9/11/2019	KC
Cyanide-Amenable	ND	mg/L	EPA 335.4	0.01	9/19/2019	CET
Cyanide-Total	ND	mg/L	EPA 335.4	0.01	9/19/2019	CET
Nitrate as N	ND	mg/L	EPA300.0	0.1	9/10/2019	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/10/2019	JB
Phenols - Total	ND	mg/L	420.1	0.1	9/16/2019	CET
Phosphorous -Total as P	0.46	mg/L	EPA 200.7	0.04	9/16/2019	JB
Total Suspended Solids	ND	mg/L	SM2540D	1	9/13/2019	JB
Alkalinity(1 - Initial)	<20.0	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(1 - Initial)	ND	mg/L	SM4500-Cl G	0.02	9/10/2019	JM
Hardness-Total(1 - Initial)	25.4	mg/L	EPA 200.7	1	9/13/2019	JB
Alkalinity(2 - Daph)	20.3	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(2 - Daph)	ND	mg/L	SM4500-Cl G	0.02	9/12/2019	JM
Hardness-Total(2 - Daph)	34.4	mg/L	EPA 200.7	1	9/13/2019	JB
Alkalinity(3 - Fish)	<20.0	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(3 - Fish)	ND	mg/L	SM4500-Cl G	0.02	9/12/2019	JM
Hardness-Total(3 - Fish)	29.5	mg/L	EPA 200.7	1	9/13/2019	JB
Metals						
Aluminum	ND	mg/L	EPA 200.7	0.1	9/18/2019	CET
Antimony	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Arsenic	ND	mg/L	EPA 200.7	0.004	9/18/2019	CET
Beryllium	ND	mg/L	EPA 200.7	0.004	9/18/2019	CET

ND = Not Detected

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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 ID#: 127437
Sample Type: Wastewater
Sample Source: Bi-Annual Toxicity Testing
Sampler: Client

Sample Date: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/25/2019
Sample Site: Final Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Metals						
Cadmium	ND	mg/L	EPA 200.7	0.005	9/18/2019	CET
Chromium	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Chromium(Hexavalent)	ND	mg/L	SM3500-CrD	0.01	9/10/2019	KC
Copper	ND	mg/L	EPA 200.7	0.04	9/18/2019	CET
Iron	ND	mg/L	EPA 200.7	0.1	9/18/2019	CET
Lead	ND	mg/L	EPA 200.7	0.013	9/18/2019	CET
Mercury	ND	mg/L	EPA245.2	0.0002	9/16/2019	CET
Nickel	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Selenium	ND	mg/L	EPA 200.7	0.01	9/18/2019	CET
Silver	ND	mg/L	EPA 200.7	0.012	9/18/2019	CET
Thallium	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Zinc	0.25	mg/L	EPA 200.7	0.02	9/18/2019	CET
Physical						
Conductivity(1 - Initial)	172	umhos/cm	SM2510B	1	9/10/2019	JM
Conductivity(2 - Daph)	237	umhos/cm	SM2510B	1	9/12/2019	JM
Conductivity(3 - Fish)	190	umhos/cm	SM2510B	1	9/12/2019	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):

Sample Collection Time: FROM: _____ (AM/PM) TO: (AM/PM)

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	100 %
Pimephales promelas	98 %

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: _____ Title: _____

Signature: _____ Date: _____

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 150+- mg/L
Sample Collected On: _____ (date) Received On: 9/10/2019 (date)
Test Species: *Daphnia pulex* Source: ECL Age: < 24 hr
Test Duration: 48 hours, Beginning: 3:30 (am/pm) On: 9/10/2019 (date)

Effluent Dilution (%)	Number of Organisms Surviving			Dissolved Oxygen (mg/L)			Temperature (°C)			pH (su)		
Hour	00	24	48	00	24	48	00	24	48	00	24	48
100 A	10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 B	10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 C	10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 D	10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 E	10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
CONTROL 1	10	10	10	8.5	8.1	8.5	20	20	20	7.4	7.3	7.2
CONTROL 2	10	10	10	8.5	8.4	8.6	20	20	20	7.4	7.3	7.2
CONTROL 3	10	10	10	8.5	8.3	8.7	20	20	20	7.4	7.3	7.2

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

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Daphnia pulex	4/2/19	CuNO3	ECL	0.85 ppm

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. [illegible] Title: Supervisor

Signature: [illegible] Date: 9/25/2019

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 50+1- mg/L
Sample Collected On: _____ (date) Received On: 9/10/2019 (date)

Test Species: *Pimephales promelas* Source: PCL Age: <4 Days
Test Duration: 48 hours, Beginning: 3:30 (am) pm On: 9/11/2019 (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	9	9	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 B	10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 C	10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 D	10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 E	10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
CONTROL 1	10	10	10	8.5	7.4	7.4	20	20	20	7.4	7.4	7.0
CONTROL 2	10	10	10	8.5	7.6	7.6	20	20	20	7.4	7.4	7.0
CONTROL 3	10	10	10	8.5	7.5	7.5	20	20	20	7.4	7.4	7.1

MEAN SAMPLE SURVIVAL (%)
[(A+B+C+D+E) / 5] X 10 = 98

CONTROL SURVIVAL (%): 1: 100, 2: 100, 3: 100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Pimephales promelas	9/9/19	CuNO3	PCL	10.0 mg/L

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: [signature] Date: 9/25/2019

Supplemental Chemistry (part 2s)

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

Sample Collection Date(s): _____
Sample Collection Time: FROM: _____ (AM/PM) TO: _____ (AM/PM)

Effluent Sample

Parameter / Hours	Effluent Sample Initial (00)
pH	6.5
Conductivity	172
Alkalinity	<20.0
Hardness	25.4
TRC	<0.02

100% Test Sample

Parameter / Hours	*Daphnia pulex* Initial (00)	*Daphnia pulex* Final (48)	*Pimephales promelas* Initial (00)	*Pimephales promelas* Final (48)
Conductivity	172	237	172	190
Alkalinity	<20.0	20.3	<20.0	<20.0
Hardness	25.4	34.4	25.4	29.5
TRC	<0.02		<0.02	

0% Test Sample (Control)

Parameter / Hours	*Daphnia pulex* Initial (00)	*Daphnia pulex* Final (48)	*Pimephales promelas* Initial (00)	*Pimephales promelas* Final (48)
Conductivity	183	245	183	221
Alkalinity	33.0	38.0	33.0	32.6
Hardness	41.9	51.3	41.9	44.6
TRC	<0.02		<0.02	

LaboratoryOfficial: Kevin M. Clark Title: Supervisor

Signature: K. M. Clark Date: 9/25/2019

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: _____ Title: _____

Signature: _____ Date: _____

Sample Date: _____ Sample Day's Flow: _____ MAR SEP (Circle one)

REPEAT MONTH: _____

FREQUENCY	MONLOC	UNITS	PARAMETER	MINIMUM LEVEL	RESULT
Each Test	001 T	mg/L	BOD, 5 DAY		2.28
Each Test	001 T	mg/L	SUSPENDED SOLIDS, TOTAL		< 1.00
Each Test	001 T	mg/L	AMMONIA, Total		< 0.05
Each Test	001 T	mg/L	NITRITE, as N		< 0.01
Each Test	001 T	mg/L	NITRATE, as N		< 0.10
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		< 0.004
Each Test	001 T	mg/L	ARSENIC, Total	0.005 mg/L	< 0.005
Each Test	001 T	mg/L	CADMIUM, Total		< 0.005
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		< 0.05
Each Test	001 T	mg/L	COPPER, Total		< 0.04
Each Test	001 T	mg/L	LEAD, Total		< 0.013
Each Test	001 T	mg/L	THALLIUM, Total		< 0.05
Each Test	001 T	mg/L	NICKEL, Total		< 0.05
Each Test	001 T	mg/L	SILVER, Total		< 0.012
Each Test	001 T	mg/L	ZINC, Total		0.25
Each Test	001 T	mg/L	ANTIMONY, Total		< 0.01
Each Test	001 T	mg/L	SELENIUM, Total		< 0.01
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~~ Dh 05 35

Signature: David C Rabasis

Date: 9/26/09

FOR OFFICIAL USE ONLY:

AQUATIC TOXICITY: *Daphnia pulex* — TGA3D

AQUATIC TOXICITY: *Pimephales promelas* — TGA6C

ENVIRONMENTAL
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	9/10/19	8:15	X			X	12	x	x	x	x	x					12437

All bacteria samples must have corresponding field chlorine residual recorded

Relinquished by: [signature] Date 9/10/19 Time

Received by: [signature] 9/10/19 9:55

Relinquished by: Date Time

Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 20c
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 ID#: 127437
Sample Type: Wastewater
Sample Source: Bi-Annual Toxicity Testing
Sampler: Client

Sample Date: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/25/2019
Sample Site: Final Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Biological						
Aquatic Toxicity	PASSED	%	AQ	0	9/10/2019	KC
Chemical						
Ammonia as N	ND	mg/L	ASTM D6919-03	0.05	9/18/2019	KC
Biological Oxygen Demand	2.28	mg/L	SM5210B	2	9/11/2019	KC
Cyanide-Amenable	ND	mg/L	EPA 335.4	0.01	9/19/2019	CET
Cyanide-Total	ND	mg/L	EPA 335.4	0.01	9/19/2019	CET
Nitrate as N	ND	mg/L	EPA300.0	0.1	9/10/2019	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/10/2019	JB
Phenols - Total	ND	mg/L	420.1	0.1	9/16/2019	CET
Phosphorous -Total as P	0.46	mg/L	EPA 200.7	0.04	9/16/2019	JB
Total Suspended Solids	ND	mg/L	SM2540D	1	9/13/2019	JB
Alkalinity(1 - Initial)	<20.0	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(1 - Initial)	ND	mg/L	SM4500-Cl G	0.02	9/10/2019	JM
Hardness-Total(1 - Initial)	25.4	mg/L	EPA 200.7	1	9/13/2019	JB
Alkalinity(2 - Daph)	20.3	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(2 - Daph)	ND	mg/L	SM4500-Cl G	0.02	9/12/2019	JM
Hardness-Total(2 - Daph)	34.4	mg/L	EPA 200.7	1	9/13/2019	JB
Alkalinity(3 - Fish)	<20.0	mg/L	SM2320-B	20	9/17/2019	KC
Chlorine- Residual,Total(3 - Fish)	ND	mg/L	SM4500-Cl G	0.02	9/12/2019	JM
Hardness-Total(3 - Fish)	29.5	mg/L	EPA 200.7	1	9/13/2019	JB
Metals						
Aluminum	ND	mg/L	EPA 200.7	0.1	9/18/2019	CET
Antimony	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Arsenic	ND	mg/L	EPA 200.7	0.004	9/18/2019	CET
Beryllium	ND	mg/L	EPA 200.7	0.004	9/18/2019	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: 9/10/2019
Receipt Date: 9/10/2019
Report Date: 9/25/2019
Sample Site: Final Effluent

Sample ID#: 127437
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 200.7	0.005	9/18/2019	CET
Chromium	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Chromium(Hexavalent)	ND	mg/L	SM3500-CrD	0.01	9/10/2019	KC
Copper	ND	mg/L	EPA 200.7	0.04	9/18/2019	CET
Iron	ND	mg/L	EPA 200.7	0.1	9/18/2019	CET
Lead	ND	mg/L	EPA 200.7	0.013	9/18/2019	CET
Mercury	ND	mg/L	EPA245.2	0.0002	9/16/2019	CET
Nickel	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Selenium	ND	mg/L	EPA 200.7	0.01	9/18/2019	CET
Silver	ND	mg/L	EPA 200.7	0.012	9/18/2019	CET
Thallium	ND	mg/L	EPA 200.7	0.05	9/18/2019	CET
Zinc	0.25	mg/L	EPA 200.7	0.02	9/18/2019	CET
Physical						
Conductivity(1 - Initial)	172	umhos/cm	SM2510B	1	9/10/2019	JM
Conductivity(2 - Daph)	237	umhos/cm	SM2510B	1	9/12/2019	JM
Conductivity(3 - Fish)	190	umhos/cm	SM2510B	1	9/12/2019	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): 9/9/19 – 9/10/19

Sample Collection Time: FROM: 7 (AM)/PM) TO: (AM)/PM) 8

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	100 %
Pimephales promelas	98 %

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: 10/3/19

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 150± mg/L
Sample Collected On: 9/9/19 - 9/10/19 (date) Received On: 9/10/2019 (date)
Test Species: *Daphnia pulex* Source: ECL Age: < 24 hr
Test Duration: 48 hours, Beginning: 3:30 (am/pm) On: 9/10/2019 (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	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 B		10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 C		10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 D		10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
100 E		10	10	10	8.0	7.8	8.5	21	21	21	6.5	6.5	7.0
CONTROL 1		10	10	10	8.5	8.1	8.5	20	20	20	7.4	7.3	7.2
CONTROL 2		10	10	10	8.5	8.4	8.6	20	20	20	7.4	7.3	7.2
CONTROL 3		10	10	10	8.5	8.3	8.7	20	20	20	7.4	7.3	7.2

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	4/2/19	CuNO3	ECL	0.85 mg/L

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. [illegible] Title: Supervisor

Signature: [signature] Date: 9/25/2019

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: 9/9/19 - 9/10/19 (date) Received On: 9/10/2019 (date)

Test Species: *Pimephales promelas* Source: ECE Age: <4 Days
Test Duration: 48 hours, Beginning: 3:30 (am/pm) On: 9/10/2019 (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	9	9	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 B		10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 C		10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 D		10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
100 E		10	10	10	8.0	7.3	7.6	21	21	21	6.5	6.7	7.0
CONTROL 1		10	10	10	8.5	7.4	7.4	20	20	20	7.4	7.4	7.0
CONTROL 2		10	10	10	8.5	7.6	7.6	20	20	20	7.4	7.4	7.0
CONTROL 3		10	10	10	8.5	7.5	7.5	20	20	20	7.4	7.4	7.1

MEAN SAMPLE SURVIVAL (%)
[(A+B+C+D+E) / 5] X 10 = 98

CONTROL SURVIVAL (%)	1	2	3
	100	100	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Pimephales promelas	9/9/19	CuNO3	ECE	10.0 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: [signature] Date: 9/25/2019

Supplemental Chemistry (part 2s)

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

Sample Collection Date(s): 9/9/19 - 9/10/19

Sample Collection Time: FROM: 7 Am (AM)/PM) TO: 8 Am (AM)/PM)

Effluent Sample

Parameter	Hours	Effluent Sample Initial (00)
pH		6.5
Conductivity		172
Alkalinity		<20.0
Hardness		25.4
TRC		<0.CC

100% Test Sample

Parameter	Hours	*Daphnia pulex* Initial (00)	*Daphnia pulex* Final (48)	*Pimephales promelas* Initial (00)	*Pimephales promelas* Final (48)
Conductivity		172	237	172	190
Alkalinity		<20.0	20.3	<20.0	<20.0
Hardness		25.4	34.4	25.4	29.5
TRC		<0.CC		<0.CC	

0% Test Sample (Control)

Parameter	Hours	*Daphnia pulex* Initial (00)	*Daphnia pulex* Final (48)	*Pimephales promelas* Initial (00)	*Pimephales promelas* Final (48)
Conductivity		183	245	183	221
Alkalinity		33.0	38.0	33.0	32.6
Hardness		41.9	51.3	41.9	44.6
TRC		<0.CC		<0.CC	

LaboratoryOfficial: Kevin M. Clark Title: Supervisor

Signature: K. M. Clark Date: 9/25/2019

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: Date: 10/3/19

Sample Date: 9/9/19 Sample Day's Flow: .13 MAR (SEP) (Circle one)

REPEAT MONTH:

FREQUENCY	MONLOC	UNITS	PARAMETER	MINIMUM LEVEL	RESULT
Each Test	001 T	mg/L	BOD, 5 DAY		2.28
Each Test	001 T	mg/L	SUSPENDED SOLIDS, TOTAL		<1.00
Each Test	001 T	mg/L	AMMONIA, Total		<0.05
Each Test	001 T	mg/L	NITRITE, as N		<0.01
Each Test	001 T	mg/L	NITRATE, as N		<0.10
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		<0.004
Each Test	001 T	mg/L	ARSENIC, Total	0.005 mg/L	<0.005
Each Test	001 T	mg/L	CADMIUM, Total		<0.005
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		< 0.05
Each Test	001 T	mg/L	COPPER, Total		< 0.04
Each Test	001 T	mg/L	LEAD, Total		< 0.013
Each Test	001 T	mg/L	THALLIUM, Total		< 0.05
Each Test	001 T	mg/L	NICKEL, Total		< 0.05
Each Test	001 T	mg/L	SILVER, Total		< 0.012
Each Test	001 T	mg/L	ZINC, Total		0.25
Each Test	001 T	mg/L	ANTIMONY, Total		< 0.01
Each Test	001 T	mg/L	SELENIUM, Total		< 0.01
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~~ DitoS3C

Signature: David C Banas

Date: 9/26/19

FOR OFFICIAL USE ONLY:

AQUATIC TOXICITY: *Daphnia pulex* — TGA3D

AQUATIC TOXICITY: *Pimephales promelas* — TGA6C

ENVIRONMENTAL
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

Required Analysis

All bacteria samples must have corresponding field chlorine residual recorded

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Solid	Comp	Grab	Number of Containers	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				Cl_2 Res.	ECL Sample I.D.#
	Final Effluent	9/10/19	8:15	X			X	12	x	x	x	x	x					127437

Relinquished by:	Date	Time	Received by:	
	9/10/19			9/10/19 9:55
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 2.0c
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 _____