Town of Deep River WPCA MOR Sept 2020

	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	0.55584	0.02304	0.13536	992	260	1.8	2.1	1012	280	3.2	3.4	6.9	7.2	68	70	0	1.2	0	0.97	<2	<10	6.7	374	2	99.5	65
2	0.66528	0.02016	0.1224	1076	300	1.7	3	1036	280	2.5	2.9	6.9	7.1	66	70	0	0.9	4	0.96			6.3				
3	0.9144	0.02304	0.12816	1164	320	1.8	2.1	1128	280	2	2.7	7.2	7	65	70	0	1.2	6	0.96			7.2				
4	0.9864	0.07056	0.10944	1224	360	2.1	2.3	1044	340	2.5	2.8	6.8	7.1	64	70	0	1.2	8	0.96			6.6				
5	0.32976	0.04896	0.144	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0.96			0				
6	0.3312	0.036	0.13104	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0.96			0				
7	1.01088	0.0072	0.13392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.96			0				
8	0.33408	0.03312	0.12384	1260	260	1.4	1.8	1160	240	3.1	3.4	6.7	7.1	66	70	0	1.5	0	0.97	<2	<10	6.5	140	2	98.5	29
9	0.39024	0.03312	0.12096	1076	230	3.4	3.7	1020	220	2.7	2.9	7.3	7.2	66	70	0	0.6	4	0.96			6.4				
10	0.29088	0.02736	0.12528	1148	300	2.1	2.9	1220	320	1.9	2.6	6.8	7.2	68	72	0	0.8	10	0.97			7.1				
11	0.47376	0.01872	0.13248	1044	260	3.2	3.5	1104	300	2.3	2.9	6.8	7	67	70	0	1.4	10	0.97			6.4				
12	0.6408	0.02736	0.13248	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.96			0				
13	0.42336	0.01008	0.13824	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.97			0				
14	0.44208	0.00864	0.13104	1008	300	2.1	2.4	1084	310	2.5	2.7	7.2	7	66	70	0	0.8	0	0.96			5.8				
15	0.4752	0.0288	0.13104	1080	260	2.1	2.6	1092	280	3.4	3.7	6.8	7.3	62	70	0	1.6	4	0.97	<2	<10	7.1	114	2	98.2	94
16	0.32112	0.03168	0.1296	1096	310	2.7	3.4	1052	300	3	3.2	6.6	6.9	66	68	0	0.6	0	0.97			6.5				
17	0.31392	0.03024	0.13104	1104	320	2.1	2.6	1116	360	2.6	3.4	7.1	6.9	66	68	0	1.2	0	0.97			6.7				
18	1.01088	0.03168	0.13104	1092	310	3.1	3.5	0	330	2.6	2.9	6.9	7.1	66	68	0	1.6	10	0.96			6.6				
19	0.88992	0.01008	0.13392	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10	0.97			0				
20	1.01088	0.0144	0.12384	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.96			0				
21	1.01088	0.02016	0.13104	828	210	3	3.6	828	220	3.4	4	6.8	7	66	68	0	0.8	0	0.95			7.3				
22	0.51696	0.02448	0.12816	1048	280	3.5	3.8	1048	300	3.1	3.7	6.8	6.9	64	68	0	0.8	4	0.97	<2	<10	6.8	84.3	2	97.6	96
23	0.29664	0.01296	0.13968	1120	310	4.1	4.7	1120	340	2.7	3.1	6.9	7.2	67	66	0	1.9	4	0.97			7.1				
24	0.29088	0.0504	0.13248	1088	320	2.9	3.2	1088	290	3.1	3.6	7.4	7.2	68	68	0	0.9	6	0.97			6.9				
25	0.33984	0.03168	0.13104	1128	300	1.9	2.1	1128	340	2.4	2.7	6.9	6.8	66	68	0	1.4	4	0.97			7.2				
26	0.3168	0.02304	0.12816	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0.97			0				
27	0.3528	0.0288	0.1296	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0.97			0				
28	0.3168	0.01872	0.14112	1128	360	2.3	2.5	1128	380	2.7	3.6	7.3	7.2	68	68	0	1.5	2	0.97			6.9				
29	0.52992	0.03312	0.14112	1052	340	2.6	2.8	1052	330	2.1	2.6	6.9	7.3	68	70	0	1.1	4	0.97	<2	<10	6.5	123	2	98.4	108
30	0.4896	0.02592	0.13824	1080	310	1.7	2.2	1080	280	2.2	3.5	6.8	7.2	66	68	0	1.4	4	0.96			6.9				

;pended Solids		Amonia		Nitrite		Nitrate		TKN		Total N			Total P	Ortho Phosphate	Alkalinity	
EFF.	% Removed	INF.	EFF.	INF.	EFF.	INF.	EFF.	INF.	EFF.	INF.	EFF.	EFF.	EFF.	EFF.	INF.	EFF.
G/L	%	MG/L		MG/L		MG/L		MG/L		MG/L		# / Day	MG/L	MG/L	MG/L	
Weekly		Monthly														
0	100	42.7	2.66	ND	0.02	0.34	0.22	63.8	4.99	64.1	5.23	5.97	0.85	0.83	220	78.1
1	96.5															
0	100															
1	98.9															
3	97.2															

Sludge Disposal Location:
Mattabasset Sewer District

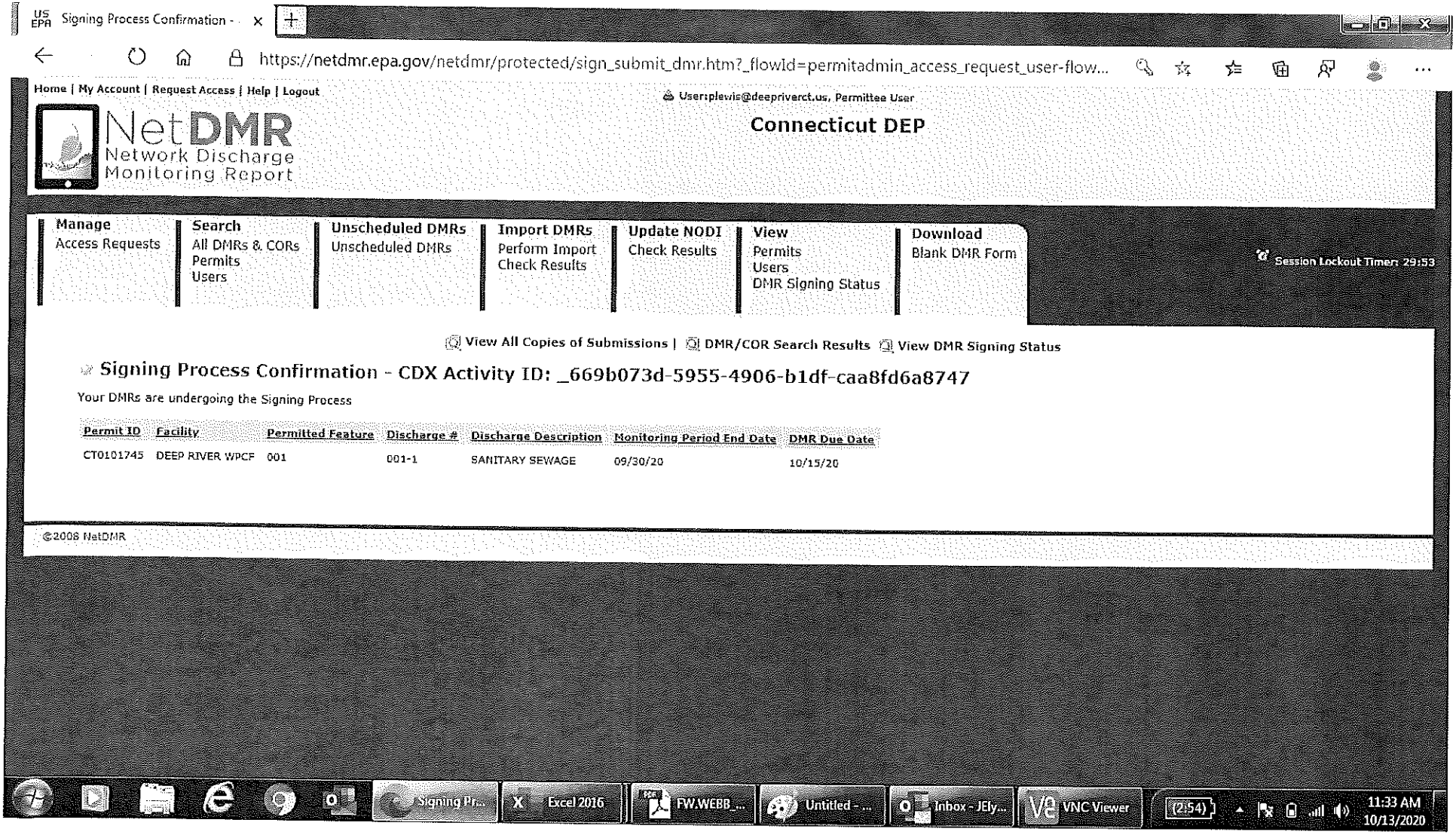
Please return forms to:
DEEP - Water Bureau
ATTN: Municipal Wastewater Monitoring Coordinator
Municipal Facilities
710 Elm Street
Hartford, CT 06106-5127

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: _____

Title: Chief operator


US EPA Signing Process Confirmation -
https://netdmr.epa.gov/netdmr/protected/sign_submit_dmr.htm?_flowId=permitadmin_access_request_user-flow...
Home | My Account | Request Access | Help | Logout
User:plewis@deepriverct.us, Permittee User
NetDMR
Network Discharge Monitoring Report
Connecticut DEP
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: 29:53
View All Copies of Submissions | DMR/COR Search Results View DMR Signing Status
Signing Process Confirmation - CDX Activity ID: _669b073d-5955-4906-b1df-caa8fd6a8747
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 09/30/20 10/15/20
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Signing Pr...
Excel 2016
FW:WEBB_...
Untitled - ...
Inbox - JEly...
VNC Viewer
(2:54)
11:33 AM
10/13/2020

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

Sample ID#: 134490
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	374	mg/L	SM5210B	2	9/2/2020	KC
Total Suspended Solids	65.0	mg/L	SM2540D	1	9/4/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 134491
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/1/2020
Receipt Date: 9/1/2020
Report Date: 9/9/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	9/2/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	9/4/2020	JB

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

WSID#:

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)		7:50	X		X		2	x	x				1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)		8:10	X		X		2	x	x				1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)		7:40	X			X	1			x			1 - 8oz		
	Effluent (Monthly)		8:00	X			X	1			x			1 - 8oz		
	Influent (Weekly)		7:50	X		X		1				x		1 - 8oz		134490
	Effluent (Weekly)		8:10	X		X		1				x		1 - 16oz		134491
	Effluent (Weekly)		8:00	X			X	1					x	1 - Bact.		

Relinquished by: [signature] Date 9/11/20 Time

Received by: [signature] 9/11/20 9:03

Relinquished by: Date Time

Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 4°C
Were Samples in appropriate containers? (Y) N
If No Explain

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

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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: 9/1/2020
Receipt Date: 9/1/2020
Report Date: 9/2/2020
Sample Site: Effluent

Sample ID#: 134493
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	9/1/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/1/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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:
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)	9/1/20	7:50	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)					
	Effluent (Monthly)		8:10	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)					
	Influent (Monthly)		7:40	X			X	1			x		1 - 8oz					
	Effluent (Monthly)		8:00	X			X	1			x		1 - 8oz					
	Influent (Weekly)		7:50	X		X		1				x		1 - 8oz				
	Effluent (Weekly)		8:10	X		X		1				x		1 - 16oz				
	Effluent (Weekly)		8:00	X			X	1					x	1 - Bact.				134493

Relinquished by:	Date	Time	Received by:	
	9/1/20			9/1/20 903
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 4.2°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 presented properly? (Y) N

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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: 9/1/2020
Receipt Date: 9/1/2020
Report Date: 9/3/2020
Sample Site: Listed Below

Sample ID#: 134489
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Alkalinity(1 - Influent)	220	mg/L	SM2320-B	20	9/2/2020	JM
Alkalinity(2 - Effluent)	78.1	mg/L	SM2320-B	20	9/2/2020	JM

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

WSID#:

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)	9/1/20	7:50	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		
	Effluent (Monthly)		8:10	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		
	Influent (Monthly)		7:40	X			X	1			x		1 - 8oz		134489-1
	Effluent (Monthly)		8:00	X			X	1			x		1 - 8oz		-2
	Influent (Weekly)		7:50	X		X		1				x	1 - 8oz		
	Effluent (Weekly)		8:10	X		X		1				x	1 - 16oz		
	Effluent (Weekly)		8:00	X			X	1					x 1 - Bact.		

Relinquished by: [signature] Date 9/11/20 Time

Received by: [signature] 9/11/20 943

Relinquished by: Date Time

Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 4.0°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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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: 9/1/2020
Receipt Date: 9/1/2020
Report Date: 9/11/2020
Sample Site: Influent

Sample ID#: 134487
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	42.7	mg/L	ASTM D6919-03	0.05	9/4/2020	KC
Nitrate as N	0.34	mg/L	EPA300.0	0.1	9/1/2020	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/1/2020	JB
Orthophosphate as P	4.67	mg/L	EPA300.0	0.02	9/1/2020	JB
Phosphorous -Total as P	6.85	mg/L	EPA 200.7	0.04	9/8/2020	JB
TKN as N	63.8	mg/L	4500NorgC	0.5	9/9/2020	KC
Total Nitrogen as N	64.1	mg/L	CALC	I	9/10/2020	KC

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ECL ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 9/1/2020
Receipt Date: 9/1/2020
Report Date: 9/11/2020
Sample Site: Effluent

Sample ID#: 134488
Sample Type: Wastewater
Sample Source: Monthly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Ammonia as N	2.66	mg/L	ASTM D6919-03	0.05	9/4/2020	KC
Nitrate as N	0.22	mg/L	EPA300.0	0.1	9/1/2020	JB
Nitrite as N	0.02	mg/L	EPA300.0	0.01	9/1/2020	JB
Orthophosphate as P	0.83	mg/L	EPA300.0	0.02	9/1/2020	JB
Phosphorous -Total as P	0.85	mg/L	EPA 200.7	0.04	9/8/2020	JB
TKN as N	4.99	mg/L	4500NorgC	0.5	9/9/2020	KC
Total Nitrogen as N	5.23	mg/L	CALC	1	9/10/2020	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	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)	9/1/20	7:50	X		X		2	x	x			1 - 16oz 1 - 4oz (H2S04)		134487
	Effluent (Monthly)		8:10	X		X		2	x	x			1 - 32oz 1 - 4oz (H2S04)		134488
	Influent (Monthly)		7:40	X			X	1			x		1 - 8oz		
	Effluent (Monthly)		8:00	X			X	1			x		1 - 8oz		
	Influent (Weekly)		7:50	X		X		1				x	1 - 8oz		
	Effluent (Weekly)		8:10	X		X		1				x	1 - 16oz		
	Effluent (Weekly)		8:00	X			X	1					x 1 - Bact.		

Relinquished by:	Date	Time	Received by:	
	9/11/20			9/1/20 903
Relinquished by:	Date	Time	Received by:	

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 1102
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
Sample Type Received _____

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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: 9/8/2020
Receipt Date: 9/8/2020
Report Date: 9/11/2020
Sample Site: Effluent

Sample ID#: 134623
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	9/8/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/8/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

NSULTING LABORATORIES, INC.

1005 Boston Post Road
Madison, CT 06443

(203) 245-0568 Phone
(203) 318-0330 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	9/8/20	7:45	X		x		1	x	x		
	Effluent	9/8/20	7:50	X		x		1	x	x		
	Effluent	9/8/20	8:00	x			x	1			x	134623
	Sludge	9/8/20	9:00				x	1				

Relinquished by: | Date: 9/8/20 | Time: | Received by: | Date: 9/9/20 | Time: 930

Relinquished by: | Date: | Time: | Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N TNTC
Were Samples in appropriate containers? (Y) N
If No Explain

Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N)
Were Samples presented properly? (Y) N
~~If No type needed~~

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ECL ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample ID#: 134621
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/8/2020
Receipt Date: 9/8/2020
Report Date: 9/15/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	140	mg/L	SM5210B	2	9/9/2020	KC
Total Suspended Solids	29.0	mg/L	SM2540D	1	9/11/2020	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: 9/8/2020
Receipt Date: 9/8/2020
Report Date: 9/15/2020
Sample Site: Effluent

Sample ID#: 134622
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	9/9/2020	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	9/11/2020	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	Solid	Comp	Grab	Number of Containers	Required Analysis: BOD	TSS		Fecal/Enterocci (May-Oct)						ECL Sample I.D.#
	Influent	9/8/20	7:45	X		X		1	X	X								134621
	Effluent	9/8/20	7:50	X		X		1	X	X								134622
	Effluent	9/8/20	8:00	X			X	1				X						
	Sludge	9/8/20	9:00				X	1										

Relinquished by: Date 9/8/20 Time Received by: 9/9/20 930

Relinquished by: Date Time Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 7.2°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 presented properly? (Y) N
~~If No type needed~~

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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: 9/15/2020
Receipt Date: 9/15/2020
Report Date: 9/17/2020
Sample Site: Effluent

Sample ID#: 134847
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	9/15/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/15/2020	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	9/15/20	8:10	X		x		1	x	x								
	Effluent	9/15/20	8:00	X		x		1	x	x								
	Effluent	9/15/20	7:50	x			x	1				x						134847

Relinquished by: Date 9/15/20 Time Received by: 9/15/20 945

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

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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: 9/15/2020
Receipt Date: 9/15/2020
Report Date: 9/23/2020
Sample Site: Influent

Sample ID#: 134845
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	114	mg/L	SM5210B	2	9/16/2020	KC
Total Suspended Solids	94.0	mg/L	SM2540D	1	9/18/2020	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#: 134846
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/15/2020
Receipt Date: 9/15/2020
Report Date: 9/23/2020
Sample Site: Effluent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	9/16/2020	KC
Total Suspended Solids	ND	mg/L	SM2540D	1	9/18/2020	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	BOD	TSS		Fecal/Enterocci (May-Oct)						ECL Sample I.D.#
	Influent	9/15/20	8:10	X		x		1	x	x								134845
	Effluent	9/15/20	8:00	X		x		1	x	x								134846
	Effluent	9/15/20	7:50	x			x	1				x						

Required Analysis

Relinquished by:	Date	Time	Received by:	
	9/15/20			9/15/20
Relinquished by:	Date	Time	Received by:	945

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

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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: 9/22/2020
Receipt Date: 9/22/2020
Report Date: 9/24/2020
Sample Site: Effluent

Sample ID#: 135006
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	9/22/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/22/2020	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	9/22/20	8:20	X		x		1	x	x								
	Effluent	9/22/20	8:15	X		x		1	x	x								
	Effluent	9/22/20	8:10	x			x	1				x						135006

Relinquished by: _____ Date _____ Time _____ Received by: _____ 9/22/20 933

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

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) / N 4oC
Were Samples in appropriate containers? (Y) N
If No Explain _____
Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N) kv
Were Samples presented properly? (Y) N
If No type needed

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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: 9/22/2020
Receipt Date: 9/22/2020
Report Date: 9/30/2020
Sample Site: Influent

Sample ID#: 135004
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	84.3	mg/L	SM5210B	2	9/23/2020	KC
Total Suspended Solids	96.0	mg/L	SM2540D	1	9/25/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ECL ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 9/22/2020
Receipt Date: 9/22/2020
Report Date: 9/30/2020
Sample Site: Effluent

Sample ID#: 135005
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	9/23/2020	KC
Total Suspended Solids	1.00	mg/L	SM2540D	1	9/25/2020	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	Solid	Comp	Grab	Number of Containers	Required Analysis: BOD	TSS		Fecal/Enterocci (May-Oct)						ECL Sample I.D.#
	Influent	9/22/20	8:20	X		x		1	x	x								135004
	Effluent	9/22/20	8:15	X		x		1	x	x								135005
	Effluent	9/22/20	8:10	x			x	1				x						

Relinquished by: | Date | Time | Received by: | 9/22/20 933

Relinquished by: | Date | Time | Received by:

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 50c
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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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: 9/29/2020
Receipt Date: 9/29/2020
Report Date: 10/1/2020
Sample Site: Effluent

Sample ID#: 135122
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	9/29/2020	JB
Fecal Coliform Bacteria	<2	col/100ml	SM9222D	2	9/29/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

...TESTING LABORATORIES, INC.
...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	BOD	TSS		Fecal/Enterocci (May-Oct)						ECL Sample I.D.#
	Influent	9/29/20	8:10	X		X		1	X	X								
	Effluent	9/29/20	8:20	X		X		1	X	X								
	Effluent	9/29/20	8:25	X			X	1				X						135122

Relinquished by: [signature] Date 9/29/20 Time
Received by: [signature] 9/29/20 934

Relinquished by: Date Time
Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 0.4°C
Were Samples in appropriate containers? (Y) N
If No Explain
Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N)
Were Samples presented properly? (Y) N

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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#: 135120
Sample Type: Wastewater
Sample Source: Weekly
Sampler: Client

Sample Date: 9/29/2020
Receipt Date: 9/29/2020
Report Date: 10/6/2020
Sample Site: Influent

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Biological Oxygen Demand	123	mg/L	SM5210B	2	9/30/2020	KC
Total Suspended Solids	108	mg/L	SM2540D	1	10/2/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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ECL ENVIRONMENTAL CONSULTING LABORATORIES, INC.

Report of Analysis

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

Sample Date: 9/29/2020
Receipt Date: 9/29/2020
Report Date: 10/6/2020
Sample Site: Effluent

Sample ID#: 135121
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	9/30/2020	KC
Total Suspended Solids	3.00	mg/L	SM2540D	1	10/2/2020	JB

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

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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	9/29/20	8:10	X		x		1	x	x							135120
	Effluent	9/29/20	8:20	X		x		1	x	x							135121
	Effluent	9/29/20	8:25	x			x	1				x					

Relinquished by: | Date: 9/29/20 | Time: | Received by: | 9/29/20 934

Relinquished by: | Date: | Time: | Received by:

Were Samples received within holding time? (Y) N
Were Samples chilled upon reciept? (Y) N 6.4°C
Were Samples in appropriate containers? (Y) N
If No Explain
Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N)
Were Samples presented properly? (Y) N

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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: 9/22/2020
Receipt Date: 9/22/2020
Report Date: 10/6/2020
Sample Site: Final Effluent

Sample ID#: 135007
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	9/22/2020	JM
Chemical						
Ammonia as N	<0.05	mg/L	ASTM D6919-03	0.05	9/28/2020	KC
Biological Oxygen Demand	<2.00	mg/L	SM5210B	2	9/23/2020	KC
Cyanide-Amenable	ND	mg/L	EPA 335.4	0.01	9/30/2020	CET
Cyanide-Total	ND	mg/L	EPA 335.4	0.01	9/30/2020	CET
Nitrate as N	0.92	mg/L	EPA300.0	0.1	9/23/2020	JB
Nitrite as N	ND	mg/L	EPA300.0	0.01	9/23/2020	JB
Phenols - Total	ND	mg/L	420.1	0.05	9/28/2020	CET
Phosphorous -Total as P	0.08	mg/L	EPA 200.7	0.04	9/29/2020	JB
Total Suspended Solids	4.00	mg/L	SM2540D	1	9/25/2020	JB
Alkalinity(1 - Initial)	<20.0	mg/L	SM2320-B	20	9/23/2020	JM
Chlorine- Residual,Total(1 - Initial)	ND	mg/L	SM4500-Cl G	0.02	9/22/2020	JM
Hardness-Total(1 - Initial)	8.06	mg/L	EPA 200.7	1	10/2/2020	JB
Alkalinity(2 - Daph)	27.2	mg/L	SM2320-B	20	9/23/2020	JM
Chlorine- Residual,Total(2 - Daph)	ND	mg/L	SM4500-Cl G	0.02	9/24/2020	JM
Hardness-Total(2 - Daph)	10.7	mg/L	EPA 200.7	1	10/2/2020	JB
Alkalinity(3 - Fish)	<20.0	mg/L	SM2320-B	20	9/23/2020	JM
Chlorine- Residual,Total(3 - Fish)	ND	mg/L	SM4500-Cl G	0.02	9/24/2020	JM
Hardness-Total(3 - Fish)	8.82	mg/L	EPA 200.7	1	10/2/2020	JB
Metals						
Aluminum	ND	mg/L	EPA 200.8	0.05	9/28/2020	CET
Antimony	ND	mg/L	EPA 200.8	0.01	9/28/2020	CET
Arsenic	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Beryllium	ND	mg/L	EPA 200.8	0.001	9/28/2020	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: 9/22/2020
Receipt Date: 9/22/2020
Report Date: 10/6/2020
Sample Site: Final Effluent

Sample ID#: 135007
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	9/28/2020	CET
Chromium	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Chromium(Hexavalent)	ND	mg/L	SM3500-CrD	0.01	9/22/2020	KC
Copper	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Iron	ND	mg/L	200.8	0.04	9/28/2020	CET
Lead	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Mercury	ND	mg/L	EPA245.2	0.0002	9/29/2020	CET
Nickel	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Selenium	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Silver	ND	mg/L	EPA 200.8	0.002	9/28/2020	CET
Thallium	ND	mg/L	EPA 200.8	0.005	9/28/2020	CET
Zinc	ND	mg/L	EPA 200.8	0.02	9/28/2020	CET
Physical						
Conductivity(1 - Initial)	69.1	umhos/cm	SM2510B	1	9/22/2020	JM
Conductivity(2 - Daph)	85.1	umhos/cm	SM2510B	1	9/24/2020	JM
Conductivity(3 - Fish)	71.8	umhos/cm	SM2510B	1	9/24/2020	JM

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

STATE OF CONNECTICUT ** DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Facility Name: Deep River WPCF NPDES ID: CT0101745

Receiving Water: Connecticut River Waterbody ID: 4000

Sample Collection Date(s): 9/21/20 - 9/22/20

Sample Collection Time: FROM: 7:20 (AM)/PM) TO: (AM)/PM) 7:45

TOXICITY TEST SUMMARY (PASS/FAIL)

CONTROL SAMPLE RESULTS (% Survival)

TEST SPECIES	REPLICATE 1	REPLICATE 2	REPLICATE 3
Daphnia pulex	100 %	90 %	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	90 %
Pimephales promelas	94 %

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: 10/13/20

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Hardness: 50+- mg/L
Sample Collected On: 9/21-9/22 (date) Received On: 9/22/20 (date)
Test Species: *Daphnia pulex* Source: ECL Age: < 24 hr
Test Duration: 48 hours, Beginning: 3:30 (am/pm) On: 9/22/2020 (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	8	8	9.4	8.9	8.7	21	21	21	6.2	6.6	7.1
100 B	10	10	9	9.4	8.9	8.7	21	21	21	6.2	6.6	7.1
100 C	10	10	9	9.4	8.9	8.7	21	21	21	6.2	6.6	7.1
100 D	10	9	9	9.4	8.9	8.7	21	21	21	6.2	6.6	7.1
100 E	10	10	10	9.4	8.9	8.7	21	21	21	6.2	6.6	7.1
CONTROL 1	10	10	10	8.8	8.7	8.7	21	21	21	7.3	7.0	7.0
CONTROL 2	10	9	9	8.8	8.7	8.7	21	21	21	7.3	7.0	7.0
CONTROL 3	10	10	10	8.8	8.7	8.7	21	21	21	7.3	7.0	7.0

MEAN SAMPLE SURVIVAL (%)			
[(A+B+C+D+E) / 5] X 10 = 90	CONTROL SURVIVAL (%)	1	2	3
		100	90	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Daphnia pulex	8/3/20	CuNO3	ECL	0.88 g/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: K. M. [illegible] Date: 10/6/2020

AQUATIC TOXICITY MONITORING REPORT (ATMR) - PART 2

Facility Name: Deep River WPCF NPDES ID: CT0101745
Dilution Water: Synthetic Lab Hardness: 507 mg/L
Sample Collected On: 9/21/20 - 9/22/20 (date) Received On: 9/22/20 (date)

Test Species: *Pimephales promelas* Source: KCC Age: 4-14 days
Test Duration: 48 hours, Beginning: 3:30 (am/pm) On: 9/22/2020 (date)

Effluent Dilution (%)	Hour	Number of Organisms Surviving 00	24	48	Dissolved Oxygen (mg/L) 00	24	48	Temperature (°C) 00	24	48	pH (su) 00	24	48
100 A		10	10	10	9.4	8.4	8.3	21	21	21	6.2	6.9	6.8
100 B		10	10	10	9.4	8.4	8.3	21	21	21	6.2	6.9	6.8
100 C		10	9	8	9.4	8.4	8.3	21	21	21	6.2	6.9	6.8
100 D		10	10	9	9.4	8.4	8.3	21	21	21	6.2	6.9	6.8
100 E		10	10	10	9.4	8.4	8.3	21	21	21	6.2	6.9	6.8
CONTROL 1		10	10	10	8.8	8.3	8.4	21	21	21	7.3	6.9	7.0
CONTROL 2		10	10	10	8.8	8.3	8.4	21	21	21	7.3	6.9	7.0
CONTROL 3		10	10	10	8.8	8.3	8.4	21	21	21	7.3	6.9	7.0

MEAN SAMPLE SURVIVAL (%)

[(A+B+C+D+E) / 5] X 10 = 94

CONTROL SURVIVAL (%)	1	2	3
	100	100	100

REFERENCE TOXICANT RESULTS

SPECIES	DATE	REFERENCE TOXICANT	SOURCE	LC_{50}
Pimephales promelas	8/3/20	CuNO3	KCC	17.6 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: 10/6/2020

Supplemental Chemistry (part 2s)

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

Sample Collection Date(s): 9/21/20 - 9/22/20
Sample Collection Time: FROM: 7:20 (AM)/PM) TO: 7:45 (AM)/PM)

Effluent Sample

Parameter	Effluent Sample
Hours	Initial (00)
pH	6.2
Conductivity	69.1
Alkalinity	<20.0
Hardness	8.06
TRC	<0.02

100% Test Sample

Parameter	*Daphnia pulex*		*Pimephales promelas*	
Hours	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	69.1	85.1	69.1	71.8
Alkalinity	<20.0	27.2	<20.0	<20.0
Hardness	8.06	10.7	8.06	8.82
TRC	<0.02		<0.02	

0% Test Sample (Control)

Parameter	*Daphnia pulex*		*Pimephales promelas*	
Hours	Initial (00)	Final (48)	Initial (00)	Final (48)
Conductivity	187	212	187	196
Alkalinity	56.2	38.3	56.2	38.2
Hardness	48.9	54.1	48.9	50.4
TRC	<0.02		<0.02	

LaboratoryOfficial: Kevin M. Clark Title: Supervisor

Signature: K. M. Clark Date: 10/6/2020

STATE OF CONNECTICUT ** DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

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

STATEMENT OF ACKNOWLEDGEMENT

I certify under penalty of law that this document and all attachements were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Authorized Official: John Ely Title: Chief operator

Signature: Date: 10/13/20

Sample Date: 10/22/20 Sample Day's Flow: .128 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		4.00
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		0.92
Each Test	001 T	mg/L	CYANIDE, Total		<0.01
Each Test	001 T	mg/L	CYANIDE, Amenable		<0.01
Each Test	001 T	mg/L	BERYLLIUM, Total		<0.001
Each Test	001 T	mg/L	ARSENIC, Total	0.005 mg/L	<0.005
Each Test	001 T	mg/L	CADMIUM, Total		<0.0005
Each Test	001 T	mg/L	CHROMIUM, Hexavalent		<0.01

Aquatic Toxicity Monitoring Report - PART 3

FREQUENCY	MONLOC	UNITS	PARAMETER	MINIMUM LEVEL	RESULT
Each Test	001 T	mg/L	CHROMIUM, Total		<0.005
Each Test	001 T	mg/L	COPPER, Total		<0.005
Each Test	001 T	mg/L	LEAD, Total		<0.005
Each Test	001 T	mg/L	THALLIUM, Total		<0.005
Each Test	001 T	mg/L	NICKEL, Total		<0.005
Each Test	001 T	mg/L	SILVER, Total		<0.002
Each Test	001 T	mg/L	ZINC, Total		<0.02
Each Test	001 T	mg/L	ANTIMONY, Total		<0.01
Each Test	001 T	mg/L	SELENIUM, Total		<0.005
Each Test	001 T	mg/L	PHENOLS		<0.05
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

Signature: David C Sarno

Date: 10/6/20

Passed

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

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	9/22/20	8:10	X			X	16	x	x	x	x	x					135007
	Sludge	9/22/20	8:00					1										

Relinquished by:	Date	Time	Received by:	
				9/22/20
Relinquished by:	Date	Time	Received by:	937

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 4°C
Were Samples in appropriate containers? (Y) / N
If No Explain _____

Are containers broken/leaking? Y (N)
Did Samples need to be split upon receipt? Y (N)
Were Samples preserved properly? (Y) / N
~~What type needed~~

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: 9/8/2020
Receipt Date: 9/8/2020
Report Date: 9/15/2020
Sample Site: Sludge

Sample ID#: 134624
Sample Type: Solid
Sample Source: Bi-Annual Sludge Testing
Sampler: Client

Parameter	Sample Result	Units	Method	MDL	Analysis Date	Analyst
Chemical						
Total Fixed Solids	27.1	%	CALC	0	9/9/2020	JM
Total Solids	8.76	%	160.3	0	9/8/2020	JM
Total Volatile Solids	72.9	%	160.4	0	9/9/2020	JM
Metals						
Arsenic	ND	mg/kg	EPA 6010C	11	9/11/2020	CET
Beryllium	ND	mg/kg	EPA 6010C	11	9/11/2020	CET
Cadmium	ND	mg/kg	EPA 6010C	5.6	9/11/2020	CET
Chromium	25.0	mg/kg	EPA 6010C	22	9/11/2020	CET
Copper	750	mg/kg	EPA 6010C	22	9/11/2020	CET
Lead	120	mg/kg	EPA 6010C	22	9/11/2020	CET
Mercury	ND	mg/kg	EPA 7471B	1.4	9/14/2020	CET
Nickel	ND	mg/kg	EPA 6010C	22	9/11/2020	CET
Zinc	780	mg/kg	EPA 6010C	22	9/11/2020	CET
Polychlorinatedbiphenols						
PCBs - Total	ND	mg/kg	EPA8082A	1.1	9/11/2020	CET

DAVID BARRIS - LABORATORY DIRECTOR

ND = Not Detected

Comments CET - CT PH-0116.

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

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

Project:
Weekly
Influent/Effluent Testing

Samplers Name: (Print)
John Ely

Client I.D.	Sampling Location	Date	Time	Sample Type: Water	Sample Type: Solid	Sample Type: Comp	Sample Type: Grab	Number of Containers	Required Analysis: BOD	Required Analysis: TSS	Required Analysis:	Required Analysis: Fecal/Enterocci (May-Oct)	Required Analysis:	Required Analysis:	Required Analysis:	Required Analysis:		ECL Sample I.D.#
	Influent	9/8/20	7:45	X		x		1	x	x								
	Effluent	9/8/20	7:50	X		x		1	x	x								
	Effluent	9/8/20	8:00	x			x	1				x						
	Sludge	9/8/20	9:00				x	1										134624

Relinquished by: [signature] Date 9/8/20 Time
Received by: [signature] 9/8/20 930

Relinquished by: Date Time
Received by:

Were Samples received within holding time? (Y) / N
Were Samples chilled upon reciept? (Y) / N 2.2°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 presented properly? (Y) N
[redacted]