

Agenda Item 8 – Sackett Point Road Bridge  
Dewatering Wastewater Permit



Connecticut Department of  
Energy & Environmental Protection

CPPU USE ONLY

App #: \_\_\_\_\_

Doc #: \_\_\_\_\_

Check #: \_\_\_\_\_

## Permit Application Transmittal Form

Please complete this transmittal form in accordance with the instructions in order to ensure the proper handling of your application(s) and the associated fee(s). Print legibly or type.

### Part I: Applicant Information:

- *\*If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, applicant's name shall be stated **exactly** as it is registered with the Secretary of State.*
- *If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

Applicant: <b>Manafort Brothers Inc.</b>		
Mailing Address: <b>414 New Britain Avenue</b>		
City/Town: <b>Plainville</b>	State: <b>CT</b>	Zip Code: <b>06062</b>
Business Phone: <b>860-229-4538</b>	ext.:	
Contact Person: <b>Jeremy Bosma</b>	Phone:	ext.
E-Mail: <b>jbosma@manafort.com</b>		
Applicant (check one): <input type="checkbox"/> individual <input checked="" type="checkbox"/> *business entity <input type="checkbox"/> federal agency <input type="checkbox"/> state agency <input type="checkbox"/> municipality <input type="checkbox"/> tribal		
*If a business entity, list type (e.g., corporation, limited partnership, etc.):		
<input type="checkbox"/> Check if any co-applicants. If so, attach additional sheet(s) with the required information as supplied above.		
Please provide the following information to be used for <i>billing purposes only</i> , if different:		
Company/Individual Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Contact Person:	Phone:	ext.

### Part II: Project Information

Brief Description of Project: <i>(Example: Development of a 50 slip marina on Long Island Sound)</i>					
<b>Construction dewatering for roadway and bridge improvements along Sackett Point Road.</b>					
Location (City/Town): <b>North Haven</b>					
Other Project Related Permits <i>(not included with this form)</i> :					
Permit Description	Issuing Authority	Submittal Date	Issuance Date	Denial Date	Permit #

### Part III: Individual Permit Application and Fee Information

New, Mod. or Renew	Individual Permit Applications	Initial Fees	No. of Permits Applied For	Total Initial Fees	Original + Required Copies
	<b>AIR EMISSIONS</b>				
	New Source Review <input type="checkbox"/> Revision <input type="checkbox"/> minor mod	\$940.00			1 + 0
	Title V Operating Permits <input type="checkbox"/> Revision <input type="checkbox"/> minor mod <input type="checkbox"/> non-minor mod	none			1 + 0
	Title IV	none			1 + 0
	Clean Air Interstate Rule (CAIR)	none			1 + 0
	<b>WATER DISCHARGES</b>				
	To Groundwater	\$1300.00			1 + 1
	To Sanitary Sewer (POTW)	\$1300.00			1 + 1
	To Surface Water (NPDES)	\$1300.00			1 + 1
	<b>WATER PLANNING AND MANAGEMENT</b>				
	Dam Safety	none			1 + 2
	Domestic Sewage Treatment Works (For municipal and private sewage treatment facilities discharging to surface waters)	\$1300.00/ Mod = \$940			1 + 1
	Water Diversion (consumptive) and Registrations	★			1 + 5
	<b>LAND AND WATER RESOURCES</b>				
	Flood Management Certification	none			1 + 1
	Flood Management Certification Exemption	none			1 + 1
	Inland Wetlands and Watercourses (State Agencies Only)	none			1 + 5
	Inland 401 Water Quality Certification	none			1 + 5
	FERC- Hydropower Projects- 401 Water Quality Certification	none			
	Water Diversion (non-consumptive)	★			1 + 5
	Certificate of Permission	\$375.00			1 + 2
	Coastal 401 Water Quality Certification	none			1 + 2
	Structures and Dredging/and Fill/Tidal Wetlands	\$660.00			1 + 2
	<b>WASTE MANAGEMENT</b>				
	Aerial Pesticide Application	★			1 + 2
	Aquatic Pesticide Application	\$200.00			1 + 0
	CGS Section 22a-454 Waste Facilities	★			1 + 1
	Disruption of a Solid Waste Disposal Area	\$0			1 + 1
	Hazardous Waste Treatment, Storage and Disposal Facilities	★			1 + 1
	Marine Terminal License	\$100.00			1 + 0
	Stewardship	\$4000.00			1 + 1
	Solid Waste Facilities	★			1 + 1
	Waste Transportation	★			1 + 0
		Subtotal ➡	0	\$0	
	<b>GENERAL PERMITS and AUTHORIZATIONS</b>	Subtotals Page 3 & 4 ➡	1	\$625.00	
	Enter subtotals from Part IV, pages 3 - 6 of this form	Subtotals Page 5 ➡	0	\$0	
		Subtotals Page 6 ➡	0	\$0	
		<b>TOTAL ➡</b>	<b>1</b>	<b>\$625.00</b>	
	<input type="checkbox"/> Indicate whether municipal discount or state waiver applies.	➡			
	Less Applicable Discount				
		<b>AMOUNT REMITTED ➡</b>		<b>\$625.00</b>	
Check # ➡	<input type="text"/>				
					Check or money order should be made payable to: "Department of Energy and Environmental Protection"

★ See fee schedule on individual application.

**Part IV: General Permit Registrations and Requests for Other Authorizations  
Application and Fee Information**

✓	General Permits and Other Authorizations	Initial Fees	No. of Permits Applied For	Total Initial Fees	Original + Required Copies
<b>AIR EMISSIONS</b>					
<input type="checkbox"/>	Limit Potential to Emit from Major Stationary Sources of Air Pollution	\$2760.00			1 + 0
<input type="checkbox"/>	Diagnostic and Therapeutic X-Ray Devices (Medical X-Ray) Registration	\$190.00/Xray device			1 + 0
<input type="checkbox"/>	Radioactive Materials and Industrial Device Registration (Ionizing Radiation)	\$200.00			1 + 0
<input type="checkbox"/>	Emergency/Temporary Authorization	★★			★★
<input type="checkbox"/>	License Revocation Request	\$0			★★
<input type="checkbox"/>	Other, (please specify):				
<b>WATER DISCHARGES</b>					
<input type="checkbox"/>	Categorical Industry User to a POTW				
<input type="checkbox"/>	Discharges ≥ 10,000 gpd	\$6250.00			1 + 0
<input type="checkbox"/>	Discharges < 10,000 gpd	\$3125.00			
<input type="checkbox"/>	Comprehensive Discharges to Surface Water and Groundwater				
<input type="checkbox"/>	Registration Only	\$625.00			1 + 0
<input type="checkbox"/>	Approval of Registration by DEEP	\$1250.00			
<input type="checkbox"/>	Domestic Sewage	\$625.00			1 + 0
<input type="checkbox"/>	Food Service Establishment Wastewater		No Registration		
<input checked="" type="checkbox"/>	Groundwater Remediation Wastewater				
<input checked="" type="checkbox"/>	Registration Only	\$625.00	1	\$625.00	1 + 0
<input type="checkbox"/>	Approval of Registration by DEEP	\$1250.00			
<input type="checkbox"/>	Miscellaneous Discharges of Sewer Compatible Wastewater				
<input type="checkbox"/>	Registration Only	\$500.00			1 + 0
<input type="checkbox"/>	Approval of Registration by DEEP	\$1000.00			
<input type="checkbox"/>	Nitrogen Discharges		No Registration		
<input type="checkbox"/>	Point Source Discharges from Application of Pesticides	\$200.00			1 + 0
<input type="checkbox"/>	Stormwater Associated with Commercial Activities	\$300.00			1 + 0
<input type="checkbox"/>	Stormwater Associated with Industrial Activities				
<input type="checkbox"/>	No Exposure Certification	\$250.00			1 + 0
<input type="checkbox"/>	<50 employees—see general permit for additional requirements	\$500.00			
<input type="checkbox"/>	>50 employees—see general permit for additional requirements	\$1000.00			
<input type="checkbox"/>	Stormwater & Dewatering Wastewaters-Construction Activities	★			1 + 0
<input type="checkbox"/>	Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)	\$625.00			1 + 0
<input type="checkbox"/>	Stormwater from DOT Separate Storm Sewer Systems (DOT MS4)	\$0			1 + 0
<input type="checkbox"/>	Subsurface Sewage Disposal Systems Serving Existing Facilities	★★			1 + 0
<input type="checkbox"/>	Swimming Pool Wastewater - Public Pools and Contractors	\$500.00			1 + 0
<input type="checkbox"/>	Vehicle Maintenance Wastewater				
<input type="checkbox"/>	Registration Only	\$625.00			1 + 0
<input type="checkbox"/>	Approval of Registration by DEEP	\$1250.00			
<input type="checkbox"/>	Emergency/Temporary Authorization - Discharge to POTW	\$1500.00			1 + 0
<input type="checkbox"/>	Emergency/Temporary Authorization - Discharge to Surface Water	\$1500.00			1 + 0
<input type="checkbox"/>	Emergency/Temporary Authorization - Discharge to Groundwater	\$1500.00			1 + 0
<input type="checkbox"/>	Other, (please specify):				
Note: Carry subtotals over to Part III, page 2 of this form.		Subtotal ➡	1	\$625.00	

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.  
(Contact numbers are provided in the instructions)

**Part IV: General Permit Registrations and Requests for Other Authorizations (continued)**

<input checked="" type="checkbox"/> General Permits and Other Authorizations	Initial Fees	No. of Permits Applied For	Total Initial Fee	Original + Required Copies
<b>AQUIFER PROTECTION PROGRAM</b>				
<input type="checkbox"/> Registration for Regulated Activities	\$625.00			1 + 0
<input type="checkbox"/> Permit Application to Add a Regulated Activity	\$1250.00			1 + 0
<input type="checkbox"/> Exemption Application from Registration	\$1250.00			1 + 0
<b>WATER PLANNING AND MANAGEMENT</b>				
<input type="checkbox"/> Dam Safety Repair and Alteration: Non Filing			No Registration	
<input type="checkbox"/> Dam Safety Repair and Alteration: Filing – No PE	\$100.00			1 + 0
<input type="checkbox"/> Dam Safety Repair and Alteration: Filing – PE	\$200.00			1 + 0
<input type="checkbox"/> Dam Safety Repair and Alteration: Approval of Filing	\$250.00			1 + 0
<input type="checkbox"/> Diversion of Remediation Groundwater			No Registration	
<input type="checkbox"/> Diversion of Water for Consumptive Use: Reauthorization Categories	\$2500.00			1 + 0
<input type="checkbox"/> Diversion of Water for Consumptive Use: Authorization Required	\$2500.00			1 + 4
<input type="checkbox"/> Diversion of Water for Consumptive Use: Filing Only	\$1500.00			1 + 1
<input type="checkbox"/> Water Resource Construction Activities	★			1 + 0
<input type="checkbox"/> Emergency/Temporary Authorization	★★			★★
<input type="checkbox"/> Notice of High Hazard Dam or a Significant Hazard Dam	\$0			1 + 0
<input type="checkbox"/> Other, (please specify):				
<b>LAND AND WATER RESOURCES</b>				
<b>Minor Coastal Structures</b>				
<input type="checkbox"/> 4/40 Docks/Access Stairs	\$700.00			1 + 1
<input type="checkbox"/> Beach Grading			No Registration	
<input type="checkbox"/> Buoys or Markers			No Registration	
<input type="checkbox"/> Experimental Activities/Scientific Monitoring Devices			No Registration	
<input type="checkbox"/> Harbor Moorings			No Registration	
<input type="checkbox"/> Non-harbor Moorings	\$250.00			1 + 1
<input type="checkbox"/> Osprey Platforms and Perch Poles			No Registration	
<input type="checkbox"/> Pump-out Facilities			No Registration	
<input type="checkbox"/> Swim Floats			No Registration	
<b>Coastal Maintenance</b>				
<input type="checkbox"/> Backflow Prevention Structure			No Registration	
<input type="checkbox"/> Beach Grading/Raking			No Registration	
<input type="checkbox"/> Catch Basin Cleaning			No Registration	
<input type="checkbox"/> Coastal Remedial Activities Required by Order	\$700.00			1 + 1
<input type="checkbox"/> Coastal Restoration			No Registration	
<input type="checkbox"/> DEEP Boat Launch Infrastructures			No Registration	
<input type="checkbox"/> DOT Infrastructures			No Registration	
<input type="checkbox"/> Marina and Mooring Field Reconfiguration	\$700.00			1 + 1
<input type="checkbox"/> Minor Seawall Repair			No Registration	
<input type="checkbox"/> Placement of Cultch			No Registration	
<input type="checkbox"/> Reconstruction of Legally Existing Structure/Obstruction/Encroachment	\$300.00			1 + 1
<input type="checkbox"/> Removal of Derelict Structures			No Registration	
<input type="checkbox"/> Residential Flood Hazard Mitigation	\$100.00			1 + 1
<input type="checkbox"/> Temporary Access of Construction Vehicles/Equipment			No Registration	
<input type="checkbox"/> Programmatic General Permit	★			1 + 1
<input type="checkbox"/> Emergency/Temporary Authorization				
<input type="checkbox"/> Other, (please specify):				
<b>Note: Carry subtotals over to Part III, page 2 of this form.</b>		<b>Subtotal</b> →	0	\$0

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.

(Contact numbers are provided in the instructions)

**Part IV: General Permit Registrations and Requests for Other Authorizations (continued)**

<input checked="" type="checkbox"/> General Permits and Other Authorizations	Initial Fees	No. of Permits Applied For	Total Initial Fee	Original + Required Copies
<b>WASTE MANAGEMENT</b>				
<input type="checkbox"/> Addition of Grass Clippings at Registered Leaf Composting Facilities	\$500.00			1 + 0
<input type="checkbox"/> Beneficial Use Determination	★			1 + 0
<input type="checkbox"/> Collection and Storage of Post Consumer Paint	\$0			1 + 0
<input type="checkbox"/> Connecticut Solid Waste Demonstration Project	\$1000.00			1 + 0
<b>Construct and Operate a Commercial Facility for the Management of Recyclable Materials and Certain Solid Wastes (Commercial GP)</b>				
<input type="checkbox"/> Asbestos Containing Materials	\$1,250.00/\$ 625			1 + 0
<input type="checkbox"/> Ash Residue	\$1,250.00/\$ 625			1 + 0
<input type="checkbox"/> Clean Wood: Tier III	\$500.00/\$250			1 + 0
<input type="checkbox"/> Clean Wood: Tier II	\$250.00/\$125			1 + 0
<input type="checkbox"/> Construction and Demolition Waste: Tier III	\$1,250.00/\$625			1 + 0
<input type="checkbox"/> Construction and Demolition Waste: Tier II	\$500.00/\$250			1 + 0
<input type="checkbox"/> Non-RCRA Hazardous Waste/Compatible Solid Wastes	\$1,250.00/\$625			1 + 0
<input type="checkbox"/> Recyclables	\$500.00/\$250			1 + 0
<input type="checkbox"/> Universal Wastes/Compatible Solid Wastes	\$1,250.00/\$625			1 + 0
<b>Contaminated Soil and/or Staging Management (Staging/Transfer)</b>				
<input type="checkbox"/> New Registrations	\$250.00			1 + 0
<input type="checkbox"/> New Approval of Registrations	\$1500.00			1 + 0
<input type="checkbox"/> Renewal of Registrations	\$250.00			1 + 0
<input type="checkbox"/> Renewal of Approval of Registrations	\$750.00			1 + 0
<input type="checkbox"/> Disassembling Used Electronics	\$2000.00			1 + 0
<input type="checkbox"/> Leaf Composting Facility	\$0			1 + 1
<input type="checkbox"/> Municipal Transfer Station	\$800.00			1 + 1
<input type="checkbox"/> One Day Collection of Certain Wastes and Household Hazardous Waste	\$1000.00			1 + 0
<input type="checkbox"/> Sheet Leaf Composting Notification	\$0			★★
<b>Special Waste Authorization</b>				
<input type="checkbox"/> Landfill or RRF Disposal	\$660.00			1 + 0
<input type="checkbox"/> Asbestos Disposal	\$300.00			
<input type="checkbox"/> homeowner	\$0			
<input type="checkbox"/> Storage and Processing of Asphalt Roofing Shingle Waste	\$2500.00			1 + 0
<input type="checkbox"/> Storage and Processing of Scrap Tires for Beneficial Use	\$1250.00			1 + 0
<input type="checkbox"/> Emergency/Temporary Authorization	★★			★★
<input type="checkbox"/> Other, (please specify):				
<b>REMEDIATION</b>				
<input type="checkbox"/> In Situ Groundwater Remediation: Enhance Aerobic Biodegradation	★			1 + 2
<input type="checkbox"/> In Situ Groundwater Remediation: Chemical Oxidation	\$500.00			1 + 0
<input type="checkbox"/> Emergency/Temporary Authorization	★			★★
<b>Note: Carry subtotals over to Part III, page 2 of this form.</b>		<b>Subtotal</b> ➔	0	\$0

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.  
(Contact numbers are provided in the instructions)

**Affirmative Action, Equal Employment Opportunity and Americans with Disabilities**

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or [deep.accommodations@ct.gov](mailto:deep.accommodations@ct.gov) if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Materials Management & Compliance Assurance  
Water Permitting & Enforcement Division

# General Permit Registration Form for the Discharge of Groundwater Remediation Wastewater

Please complete this form in accordance with the instructions (DEEP-WPED-INST-027) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this completed form.  
Note: If conducting in-situ remedial injections refer to In Situ Groundwater Remediation: Enhanced Aerobic Biodegradation or Chemical Oxidation.

<b>CPPU USE ONLY</b>	
App #:	_____
Doc #:	_____
Check #:	_____
<b>Program: Industrial General Permits</b>	

## Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for a (check all that apply):</p> <p><input checked="" type="checkbox"/> <i>New general permit registration and</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>transfer of ownership</i></p> <p style="padding-left: 20px;"><input type="checkbox"/> <i>Replacement of an individual permit or an authorization</i></p> <p><input type="checkbox"/> <i>Reregistration of an existing registration</i></p> <p><input type="checkbox"/> <i>A modification of an existing registration</i></p>	<p>If previously authorized provide:</p> <p>1. Existing permit or authorization number:</p> <p>2. Expiration Date:</p>
<p>Town where site is located: <u>North Haven</u></p>	
<p>Brief Description of Project: <u>Construction Dewatering for excavation activities to be performed at the site.</u></p>	

## Part II: Discharge and Fee Information: **\*\*Check the categories that apply.**

Discharge to Surface Water	Discharge to Sanitary Sewer (POTW)	Discharge to Groundwater	**Fee
<input type="checkbox"/> *Registration Only (without approval)	<input checked="" type="checkbox"/> *Registration Only (without approval)	<input type="checkbox"/> *Registration Only (without approval)	\$625.00
<input type="checkbox"/> *Approval of Registration	<input type="checkbox"/> *Approval of Registration	<input type="checkbox"/> *Approval of Registration	\$1250.00
<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	<input type="checkbox"/> Single Family Residence	\$0.00

\*Refer to list in Part V of this form to choose the correct registration category.

\*\*All discharges from one site must be filed on one form; for multiple discharges, only pay the higher fee (\$1250 or \$625).

The fee for municipalities is 50% of the above rates. The fee for single family residences shall be waived.

The fee shall be non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.

**For DEEP USE ONLY: if more than one category of discharge is selected, the EI will be either surface water first, then sanitary sewer.**

**Part III: Registrant Information**

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))
- If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the Request to Change Company/Individual Information to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For any other changes, contact the specific program from which you hold a current DEEP license.

1. Registrant Name: **Manafort Brothers Inc.**  
 Mailing Address: **414 New Britain Avenue**  
 City/Town: **Plainville** State: **CT** Zip Code: **06062**  
 Business Phone: **860-229-4853** ext.:  
 Contact Person: **Jeremy Bosma** Phone: ext.  
 \*E-mail: **jbosma@manafort.com**

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

a) Registrant Type (check one):  
 individual       federal agency       state agency       municipality       tribal  
 \*business entity (\*If a business entity complete i through iii):  
 i) check type:  corporation       limited liability company       limited partnership  
 limited liability partnership       statutory trust       Other: \_\_\_\_\_  
 ii) provide Secretary of the State business ID #: **0029406** This information can be accessed at the Secretary of State's database (CONCORD). ([www.concord-sots.ct.gov/CONCORD/index.jsp](http://www.concord-sots.ct.gov/CONCORD/index.jsp))  
 iii)  Check here if your business is **NOT** registered with the Secretary of State's office.  
 Check here if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

b) Registrant's interest in property at which the proposed activity is to be located:  
 site owner       option holder       lessee       easement holder       operator  
 other (specify): \_\_\_\_\_



**Part III: Registrant Information (continued)**

**2. Billing contact, if different than the registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**3. Primary contact for departmental correspondence and inquiries, if different than the registrant.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

\*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

**4. Attorney or other representative, if applicable:**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

**5. Facility Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

**Part III: Registrant Information (continued)**

<b>6. Facility Owner, if different than the registrant:</b>		
Name: <b>The Town of North Haven</b>		
Mailing Address: <b>18 Church Street</b>		
City/Town: <b>North Haven</b>	State: <b>CT</b>	Zip Code: <b>06473</b>
Business Phone: <b>203-239-5321</b>	ext.:	
Contact Person:	Phone:	ext.
E-mail:		
<b>7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.</b>		
Name: <b>Lockwood Remediation Technologies, LLC</b>		
Mailing Address: <b>89 Crawford Street</b>		
City/Town: <b>Leominster</b>	State: <b>MA</b>	Zip Code: <b>01453</b>
Business Phone: <b>774-450-7177</b>	ext.:	
Contact Person: <b>Kim Gravelle</b>	Phone:	ext.
E-mail: <b>kgravelle@lrt-llc.net</b>		
Service Provided: <b>Permit application, dewatering and water treatment services</b>		
<input checked="" type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.		

**Part III: Registrant Information (continued)**

<b>7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.</b>		
Name: <b>Lockwood Remediation Technologies, LLC</b>		
Mailing Address: <b>89 Crawford Street</b>		
City/Town: <b>Leominster</b>	State: <b>MA</b>	Zip Code: <b>01453</b>
Business Phone: <b>774-450-7177</b>	ext.:	
Contact Person: <b>John Henry</b>	Phone:	ext.
E-mail: <b>jhenry@lrt-llc.net</b>		
Service Provided: <b>Professional Certification</b>		
<input type="checkbox"/> Check here if additional sheets are necessary, and label and attach them to this sheet.		

**Part IV: Site Information**

**1. SITE NAME AND LOCATION**

Name of Site : **Sackett Point Road**

Street Address or Location Description:

**Portion of Sackett Point Road and Bridge No. 03743 over Quinnipiac River. State Project No. 100-175.**

City/Town: **North Haven**

State: **CT**

Zip Code: **06473**

Tax Assessor's Reference: **Map**

Block

Lot

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds or in decimal degrees:      Latitude: **41.367380**      Longitude: **-72.874586**

Method of determination (check one):

GPS

USGS Map

Other (please specify): **Google Maps**

If a USGS Map was used, provide the quadrangle name:

- 2. INDIAN LANDS:** Will the activity which is the subject of this registration be located on federally recognized Indian lands?     Yes     No

**Part IV: Site Information (continued)**

3. **COASTAL BOUNDARY:** Will the activity which is the subject of this registration be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a Coastal Consistency Review Form (DEEP-APP-004) with this completed registration as Attachment C.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://www.cteco.uconn.edu/map_catalog.asp) (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall.

4. **NATURAL DIVERSITY DATA BASE (NDDB) - ENDANGERED OR THREATENED SPECIES:** According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this registration, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes  No Date of Map: December 2019

If yes, complete and submit a Request for NDDB State Listed Species Review Form (DEEP-APP-007) to the address specified on the form, **prior** to submitting this registration. Please note NDDB review generally takes 4 to 6 weeks and may require the registrant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this registration. A copy of the NDDB Determination response letter that has not expired **must** be submitted with this completed registration as Attachment D. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences.

For more information visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Will the site be located within a mapped Level A or Level B Aquifer Protection Area, as defined in CGS section 22a-354a through 22a-354bb?

Yes  No If **yes**, check one:  Level A or  Level B

If **Level A**, are any of the regulated activities, as defined in RCSA section 22a-354i-1(34), conducted on this site?  Yes  No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the local aquifer protection agent or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

6. Will the subject discharge take place within a ¼ mile of any public or private drinking water well?  
 Yes  No

7. **CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this registration be located within a conservation or preservation restriction area?  Yes  No

If Yes, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be submitted as Attachment E.

**Part IV: Site Information (continued)**

8. Check all that apply:

- The site is or was listed on the State or Federal Superfund List.
- The site is or was listed on the National Priority List.
- The site is or was listed under CERCLA.
- The site is or has been used for the disposal of hazardous materials.
- The site is or has been subject to reporting requirements of section 22a-6u or 22a-134 of the General Statutes.
- The site is a solid waste disposal area, as defined in section 22a-207 of the General Statutes.

9. Groundwater Classification of the site: **GB**

10. Check all that apply:

- Discharge to surface water
- Discharge to POTW (sewer)
- Discharge to ground water

***For Surface Discharges Only:***

11. Name of receiving water:

12. Classification of surface water receiving the discharge:

*If classification is "AA", refer to Part V (iii) of this form and also complete and submit Attachment K of this form.*

13. 7Q10 Flow or Volume of Receiving Water: (CFS/Gallons)

14. Available Dilution (7Q10 or Volume / Maximum Daily Flow):

15. Is the discharge directed to an impaired water as defined in the most recent Connecticut Integrated Water Quality Report?  Yes  No

*If yes, complete and submit Attachment J of this form.*

***For POTW Discharges Only:***

16. Name of POTW **Veolia Water North America**

17. Design Flow of POTW

*Also complete and submit Attachment I of this form.*

***For Groundwater Discharges Only:***

18. Name of Drainage Basin:

*Also complete and submit Attachment L of this form.*

## Part V: Activity Specific Information

If any of the following conditions apply, then an Approval of Registration is required from the department before the discharge can be initiated. Check all that apply here and check the "Approval of Registration" option in Part II of this form. If none of the following apply, check the "Registration Only" option in Part II of this form.

- (i) The combined maximum daily flow of all groundwater remediation wastewater generated at such site exceeds ten percent of the 7Q10 flow of the watercourse into which such wastewater is discharged, or
- (ii) The combined maximum daily flow of all groundwater remediation wastewater generated at such site exceeds one-half of one per cent of the water volume of the impoundment, lake, or pond into which such wastewater is discharged, or
- (iii) The discharge is directed to a surface water with a Water Quality Classification designated as Class AA or any tributary to a public water supply reservoir, or
- (iv) wastewater treatment will include the addition of chemicals, other than for final effluent pH adjustment, used as part of wastewater treatment or for the maintenance of any treatment system component, or
- (v) groundwater remediation wastewater to be discharged contains any pollutant, excluding temperature, solids, nutrients and oxygenates, for which no limit is specified in Appendix A or Appendix B, or
- (vi) radioactive material as defined by section 22a-148 of the General Statutes has been deposited on the site from which such discharge takes place or is proposed to take place, or,
- (vii) groundwater from adjacent properties potentially effected by pollutants originating from the registered property will be collected at such adjacent properties and pumped or transported to the registered property for treatment and discharge, or
- (viii) the discharge is to be directed to the ground, including discharges of well rehabilitation wastewaters, or
- (ix) the discharge is generated from the dewatering of dredged sediments, or
- (x) the pollutants being remediated have been identified as a source of impairment in the waterbody receiving the discharge, or
- (xi) a stormwater conveyance or other structure that is not part of a designed wastewater treatment system is to be used to reduce pollutants to allowable limits, or

**Note:** The commissioner will notify the registrant if emerging contaminant(s) are present at levels that require development of site specific monitoring requirements and/or discharge limitations.

**Part V: Activity Specific Information (continued)**

1. Maximum Daily Flow of the withdrawal and discharge in gallons per day: 144,000/day
2. Number of hours per day of the withdrawal and discharge: 24
3. Estimated duration of the withdrawal and discharge activity. Provide an estimated beginning and ending date.  
Beginning Date: 7/18/2020 Ending Date: 7/18/2021

4. A detailed description of the type of contamination being remediated and the likely source of such contamination.  
**It is likely that extractable total petroleum (ETPH) polycyclic aromatic hydrocarbons(PAHs) and metals will be encountered due to the proximity to a roadway, incidental vehicle spills and potential artificial fills.**

5. A detailed description of the activity generating the withdrawal and the discharge.  
**Construction dewatering will be required to maintain a stable sub-grade during deep utility excavations. Groundwater that enters the excavations will be removed with filtered sumps that will be strategically placed within the excavations. Sumps will be surrounded by gravel and filter fabric to reduce the loss of fines during dewatering.**

6. A detailed description of the type of treatment system installed to treat the discharge, including a description of flow monitoring equipment or methodology or techniques and devices used for recording total daily flow.

Water from construction dewatering activities will be pumped to a 18,000-gallon weir tank for primary settling. From the weir tank water will be pumped through a triple bag filter skid with 5 micron bag filtration. Prior to discharge, treated water will be monitored with a flow meter/ totalizer to record total daily flow.

Contingent Items: If water passing through the water treatment system has a pH that is higher or lower than the pH limits of the discharge permit, a pH adjustment system will be installed at the head of the water treatment system. The system will include a drum of either sulfuric acid (to lower the pH) or sodium hydroxide (to raise the pH), a metering pump, controller, pH probe, and injection tubing. Contingency carbon, metals and/or arsenic treatment systems will be installed following the bag filters if treatment beyond TSS is necessary. The carbon treatment system will consist of two (2) carbon vessels plumbed in series, each filled with 2,000 pounds of reactivated liquid phase carbon. The metals treatment system will consist of one (1) ion exchange vessel containing 40 cubic feet of cation resin. The arsenic treatment system will consist of one (1) ion exchange vessel containing 40 cubic feet of anion exchange resin. All vessels are rated for a maximum flow rate of 100 gpm and 75 PSI and include isolation valves, sample ports and pressure gauges on the influent and effluent piping so that it is clear when backwashing is required.

7. Will the treatment employ air stripping?  Yes  No

8. A detailed description of any erosion and sediment controls, energy dissipation structures to be used in connection with the subject remedial measures.

**Silt fence and straw bails will be set up around the parameter of the the site. Planting and rip-rap will be applied to river embankments after work is completed work will conducted in a accordance with DEEP license #: 201809222-SDFTWQ**

9. A brief description of the BMP's to be implemented by the permittee to minimize the adverse environmental impacts of activities authorized by this general permit.

**Routine Operation & Maintenance (O&M) will be completed on the water treatment system. Typical monitoring includes checking the condition of all treatment system components and the collection of samples at the effluent of the treatment system to verify the discharge is in compliance with the permit. The general contractor shall maintain site grades to direct runoff in the excavation to the dewatering points. In addition, the general contractor will manage and treat the dewatering effluent to minimize the potential for off-site erosion, damage, or contamination.**

## Part VI: Registration Mailing List

List the names of the agencies to which the registration was submitted and the date of submittal. For example, Department of Public Health, applicable POTW, applicable water utility, local wetlands, or any other local or state authorities. For more details refer to the instructions.

The following have received copies of this registration and supporting documents:	
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:
Name:	Date:

## Part VII: Supporting Documents

Check the applicable box below for each attachment being submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name as indicated on this registration form.

<input checked="" type="checkbox"/>	Attachment A:	A plan of the site where the subject wastewater will be generated, in accordance with Section 4(c)(2)(N ) of the subject General permit, showing at a minimum: the legal boundaries of such site; the location of existing and planned recovery, soil venting, and drinking water wells thereon; the location from which the subject discharge leaves the site; the location from which the subject discharge enters the surface water; the location of all monitoring wells and other places where chemical, physical, or biological monitoring does or will take place; the existing or planned treatment system for the subject wastewater; and the location, if any, of all tidal wetlands and of all inland wetlands and watercourses.
<input checked="" type="checkbox"/>	Attachment B:	An 8 ½" x 11" copy of each applicable section of a United States Geological Survey quadrangle map with a scale of 1:24,000, which shows: the exact location of each discharge; the longitude and latitude of the discharge to within the closest 15 seconds; and the location of any drinking water wells within ¼-mile of the site. Each quadrangle map should be marked with the name of such map. (Section 4(C)(2)(O) of the subject general permit)
<input checked="" type="checkbox"/>	Attachment C:	Coastal Consistency Review Form (DEEP-APP-004), if applicable.
<input checked="" type="checkbox"/>	Attachment D:	Copy of the final NDDDB determination (not yet expired), if applicable.
<input type="checkbox"/>	Attachment E:	Conservation or Preservation Restriction Information, if applicable
<input checked="" type="checkbox"/>	Attachment F:	The attached Professional Certification Form, for discharges greater than 30 days.
<input checked="" type="checkbox"/>	Attachment G:	A completed Screening Form (DEEP-WPED-SCREEN-027)
<input type="checkbox"/>	Attachment H:	An inspection schedule and protocol if required by either Section 5A(d)(4) or 5B(e)(3) of the subject general permit.



**Part VII: Supporting Documents (continued)**

**For POTW Discharges Only:**

- Attachment I: Approval for Connection/Transport to a POTW Form (DEEP-WD-APPROVAL-001) or other written approval issued by the applicable POTW.

**For New Discharges to Impaired Waters Only:**

- Attachment J: In accordance with Section 3(b)(9) of the subject general permit, submit the following:  
For discharges of pollutants which cause or contribute to the impairment of a water body segment without an established Total Maximum Daily Load (TMDL), the registrant must provide data and other technical information to the commissioner sufficient to demonstrate that the discharge of the pollutant identified as an indicator of the impairment will meet in-stream water quality criteria at the point of discharge to the waterbody.

**Notes:**

1. For discharges to waterbody segments impaired for Aquatic Life Uses, discharges shall not contain concentrations of any pollutants with a Water Quality Criteria (WQC) identified in RCSA section 22a-426-9 Table 3 in concentrations greater than the more restrictive of the chronic aquatic life criteria or applicable human health criteria.
2. For discharges to waters with an established Total Maximum Daily Load (TMDL), the Department must determine that there are sufficient remaining Waste Load Allocations in the TMDL to allow the discharge and that existing dischargers to the waterbody are subject to compliance schedules designed to bring the waterbody into attainment with water quality standards.

To be eligible for authorization, the registrant must receive a written determination from the Commissioner that the discharge will not contribute to the existing impairment. If the registrant does not receive such written determination, the activity is not authorized by this general permit and must obtain an individual permit.

**For Discharges that are directed to a surface water with a Water Quality Classification designated as Class AA or any tributary to a public water supply reservoir:**

- Attachment K: Copy of a written request to the Department of Public Health (DPH) for approval of the discharge **and** the written approval from DPH, if issued before submittal of this registration form. The written approval from DPH may be submitted subsequently but must be submitted before the Department can approve the discharge. If submitted separately than this registration form, submit to:

WATER PERMITTING AND ENFORCEMENT PROGRAM  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**For Discharges to Ground or Groundwater Only:**

- Attachment L: An injection and monitoring plan detailing all recovery and injection wells, groundwater treatment components and any chemicals used.

## Part VIII: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided. A registration will be considered insufficient unless *all* required signatures are provided *and are the proper signatory authority as specified under Part VIII in the instructions*. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

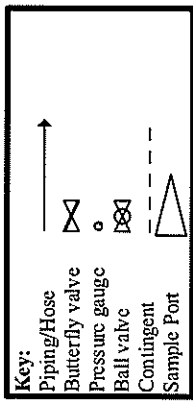
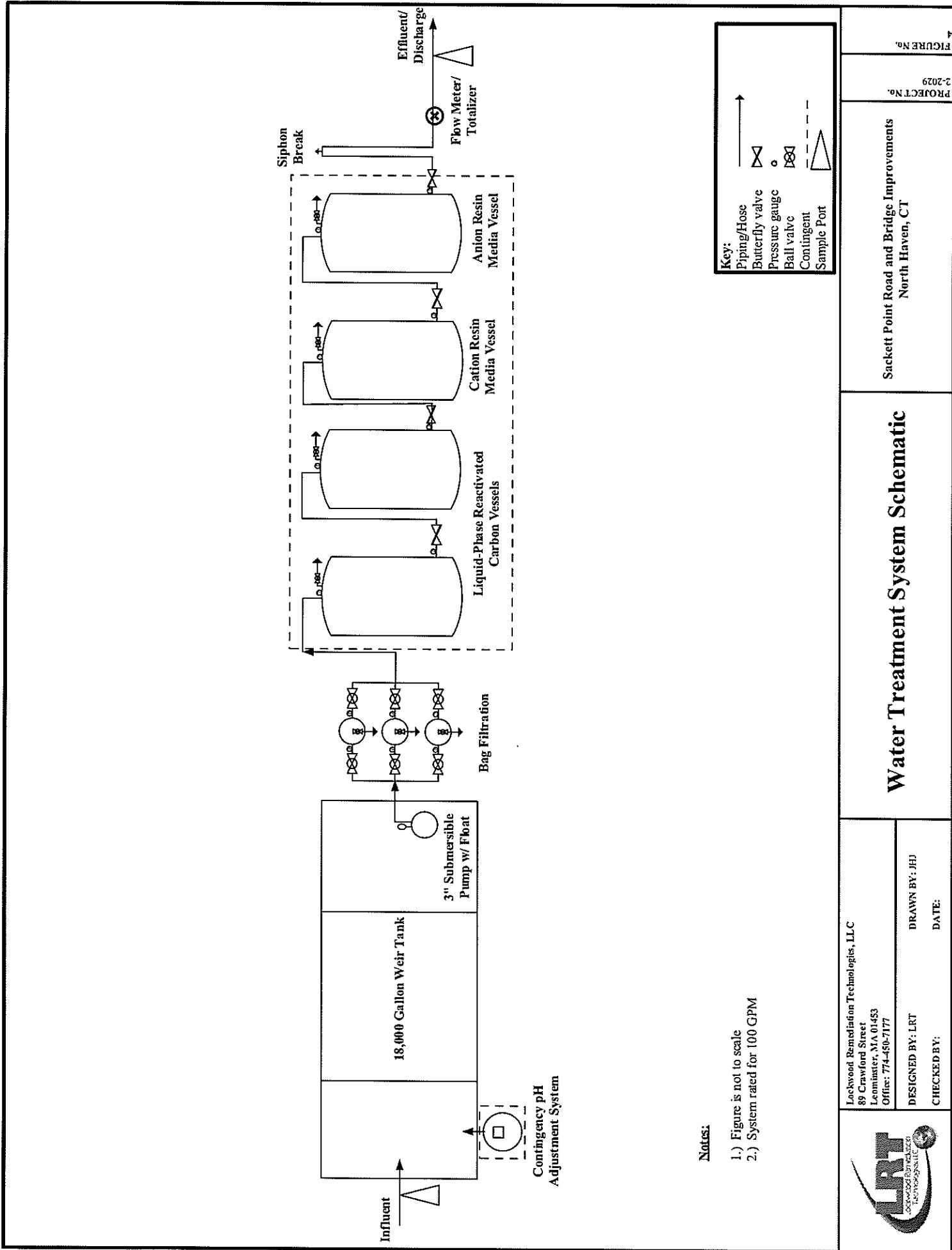
<p>"I hereby certify that I am making this certification in connection with a registration under such general permit, submitted to the commissioner by for an activity located at <u>Sackett Point Road and Bridge No. 03743, State Project No. 100-175</u> by</p> <p><u>Manofort Brothers, Inc.</u> and that such activity is eligible for authorization under such permit. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(17)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(17)(B) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination.</p> <p>I certify that our facility does not use products or chemicals that may result in a discharge of mercury.</p> <p>I understand that the registration filed in connection with such general permit may be denied, revoked or suspended for engaging in professional misconduct, including but not limited to the submission of false or misleading information, or making a false or inaccurate certification. I understand that the certification made pursuant to Section 3(b)(16) of this general permit may be subject to an audit by the commissioner in accordance with section 22a-430b of the Connecticut General Statutes, and that I will be required to provide additional information as may be requested in writing by the commissioner in connection with such audit, and the registration filed in connection with such general permit may be denied, revoked or suspended as a result of such audit. As part of such audit, I understand the commissioner may require that any information prepared in accordance with this general permit be independently certified by a Professional Engineer in accordance with this general permit and that such independent certification shall be at the registrant's expense. I understand that the reasonable cost of any such audit that reveals that a false certification was submitted to the commissioner may be charged to the registrant for this general permit for which such certification was made. I also understand that knowingly making any false statement in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."</p> <p>"I understand that the subject activity is authorized only on or after the date the commissioner receives a registration and where applicable, issues a written approval of registration with respect to such activity."</p>	
Signature of Registrant	Date
<b>Jeremy Bosma</b>	<b>Project Manager</b>
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
<b>Kim Gravelle, PG</b>	<b>Senior Project Manager</b>
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.	

Note: Please submit this completed Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET  
 HARTFORD, CT 06106-5127

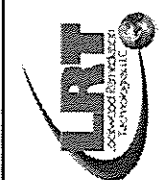
- One additional copy of the completed registration shall be submitted for each of the following conditions:
  - For any discharge of groundwater remediation wastewater where drinking water wells exist within one-quarter mile of the proposed site;
  - For any discharge of groundwater remediation wastewater where air stripping is used as a wastewater treatment technology.
- If such discharge is directed to or otherwise affects a watercourse, or any tributary thereto, which is or contributes to a source of public drinking water, a copy of the registration has been filed with the appropriate water utility and the Department of Public Health via email at [DPH.SourceProtection@ct.gov](mailto:DPH.SourceProtection@ct.gov).

**Attachment A**



**Notes:**

- 1.) Figure is not to scale
- 2.) System rated for 100 GPM



Lockwood Remediation Technologies, LLC  
 89 Crawford Street  
 Leominster, MA 01453  
 Office: 774-450-7177

DESIGNED BY: LRT  
 CHECKED BY:  
 DRAWN BY: JHJ  
 DATE:

## Water Treatment System Schematic

Sackett Point Road and Bridge Improvements  
 North Haven, CT

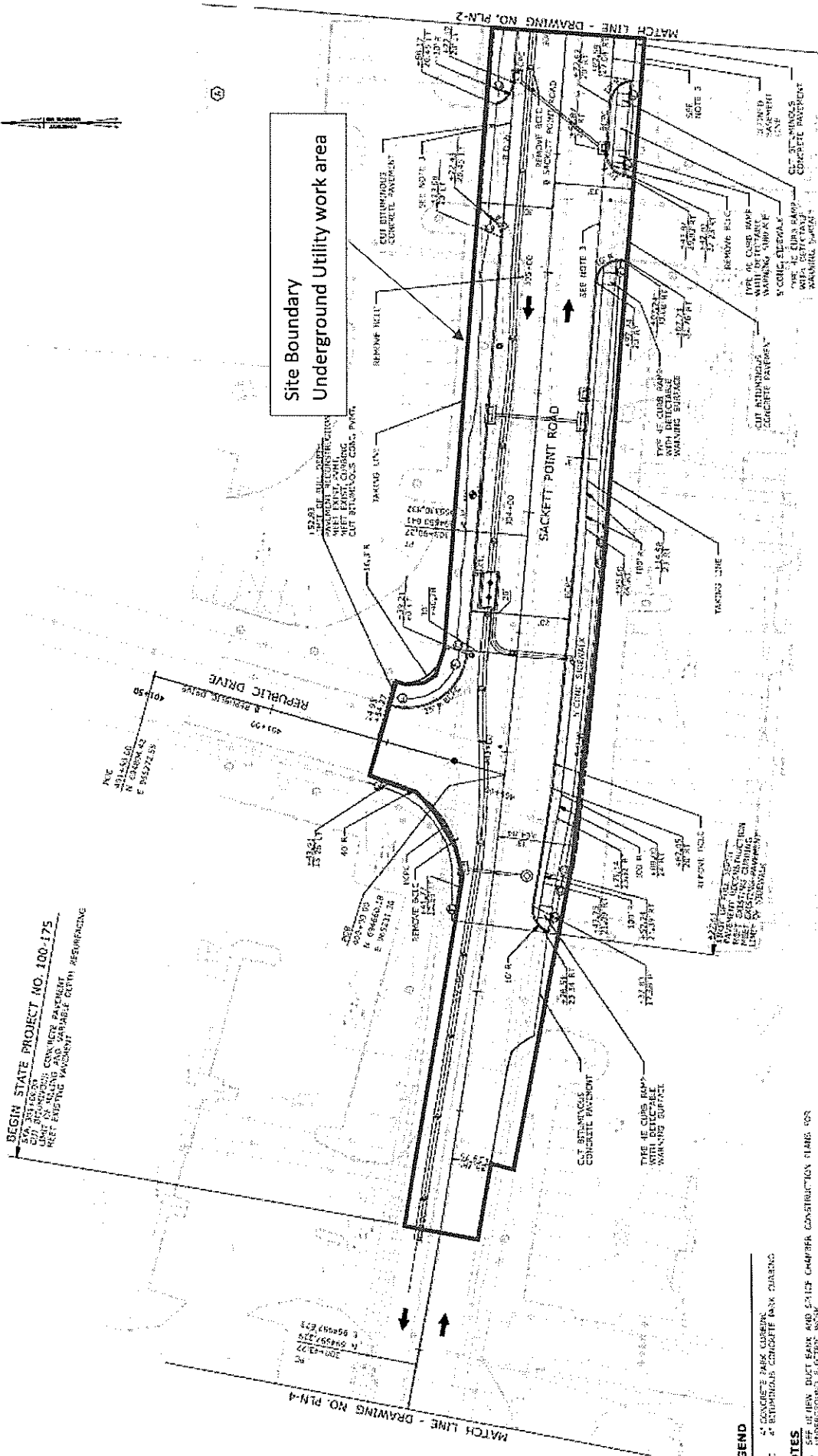
PROJECT No. 2-2029

FIGURE No. 4

**PROPERTY ACQUISITION LEGEND**

(A) TAKING AREA ACQUIRED

BEGIN STATE PROJECT NO. 100-175  
 5/14/2017  
 CITY OF NORTH HAVEN  
 CONSTRUCTION PERMIT  
 SHEET NO. 10 OF 10  
 PREPARED BY: JAMES W. BROWN, P.E.  
 CHECKED BY: JAMES W. BROWN, P.E.  
 DATE: 5/14/2017



**LEGEND**

1. SEE NEW DUCT BANK AND 2" DIP GUTTER CONSTRUCTION STAND 503 UNDERGROUND ELECTRICAL WORK.

2. FOR GAS-FLEX SYSTEM AND OVERHEAD RECONSTRUCTION SEE UTILITY COMPANY RELOCATION PLAN (FOR INFORMATION ONLY).

3. CONSTRUCT PAVEMENT AT 2" GULLY TO PROVIDE 1.5" DIP ALONG GUTTER LINE.

DESIGNED BY	JAMES W. BROWN, P.E.
CHECKED BY	JAMES W. BROWN, P.E.
DATE	5/14/2017
SCALE	AS SHOWN
PROJECT NO.	100-175
SHEET NO.	10

**TOWN OF NORTH HAVEN**  
 DEPARTMENT OF ENGINEERING

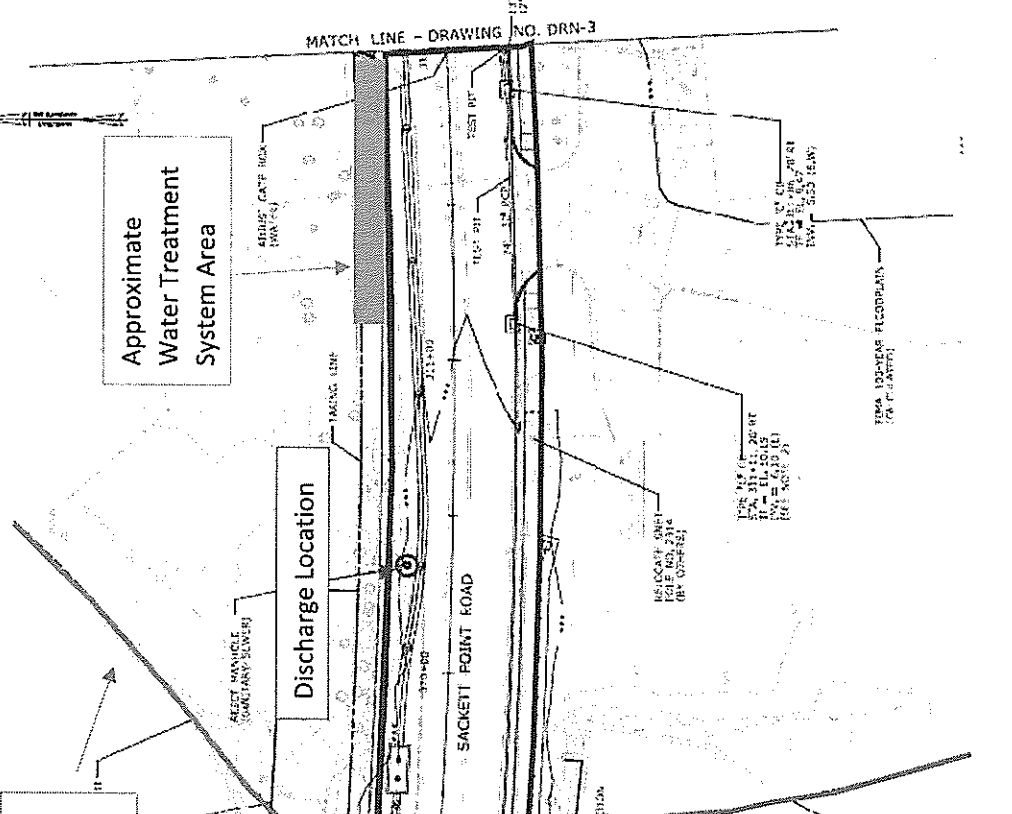
**Dawberry**  
 ENGINEERS & ARCHITECTS  
 555 STATE STREET  
 NORTH HAVEN, CT 06460

**RECONSTRUCTION OF SACKETT POINT ROAD AND REPLACEMENT OF BRIDGE NO. 03743 OVER THE QUINNIPIAC RIVER**

**NORTH HAVEN**  
 ROADWAY PLAN

100-175  
 PLAN-1  
 10

NO.	REV.	DATE	BY	DESCRIPTION
1	0	04/22/14	AK	ISSUED FOR PERMITTING
2	1	04/22/14	AK	REVISED PER COMMENTS

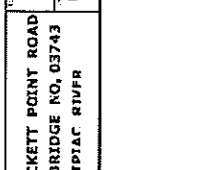


THIS DRAWING IS BASED ON THE LIMITED FIELD OBSERVATIONS AND IS SUBJECT TO THE NECESSARY FIELD VERIFICATION. ANY DISCREPANCIES SHOULD BE REPORTED TO THE ENGINEER IMMEDIATELY. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS. THE USER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS.

PROJECT NO.	100-175
DRAWING NO.	DRN-2
SHEET NO.	22

**TOWN OF NORTH HAVEN**  
DEPARTMENT OF ENGINEERING

**RECONSTRUCTION OF SACKETT POINT ROAD AND REPLACEMENT OF BRIDGE NO. 03743 OVER THE QUINNIPAC RIVER**



**Dewberry**  
INCORPORATED  
300 WEST MAIN ST.  
MIDDLETOWN, CT 06457  
TEL: 860.348.0000  
WWW.DWBERY.COM

**LEGEND**

- CS CATCH BASIN
- DB DOUBLE
- IN INVERT
- PR PRECAST
- EN ENGINEERING FIRM LOCATION

**PLAN NOTES**

- SEE DRAWING DRN-1 FOR ALL CATCH BASIN, INVERT, AND ENGINEERING FIRM LOCATION.
- SEE DRAWING DRN-3 FOR ALL CATCH BASIN, INVERT, AND ENGINEERING FIRM LOCATION.

DESIGNED BY	AK
CHECKED BY	AK
APPROVED BY	AK
DRAWN BY	AK
SCALE	AS SHOWN

NO.	REV.	DATE	BY	DESCRIPTION
1	0	04/22/14	AK	ISSUED FOR PERMITTING
2	1	04/22/14	AK	REVISED PER COMMENTS

DATE: 04/18/2017 10:42:00 AM

PROJECT NO. 100-175

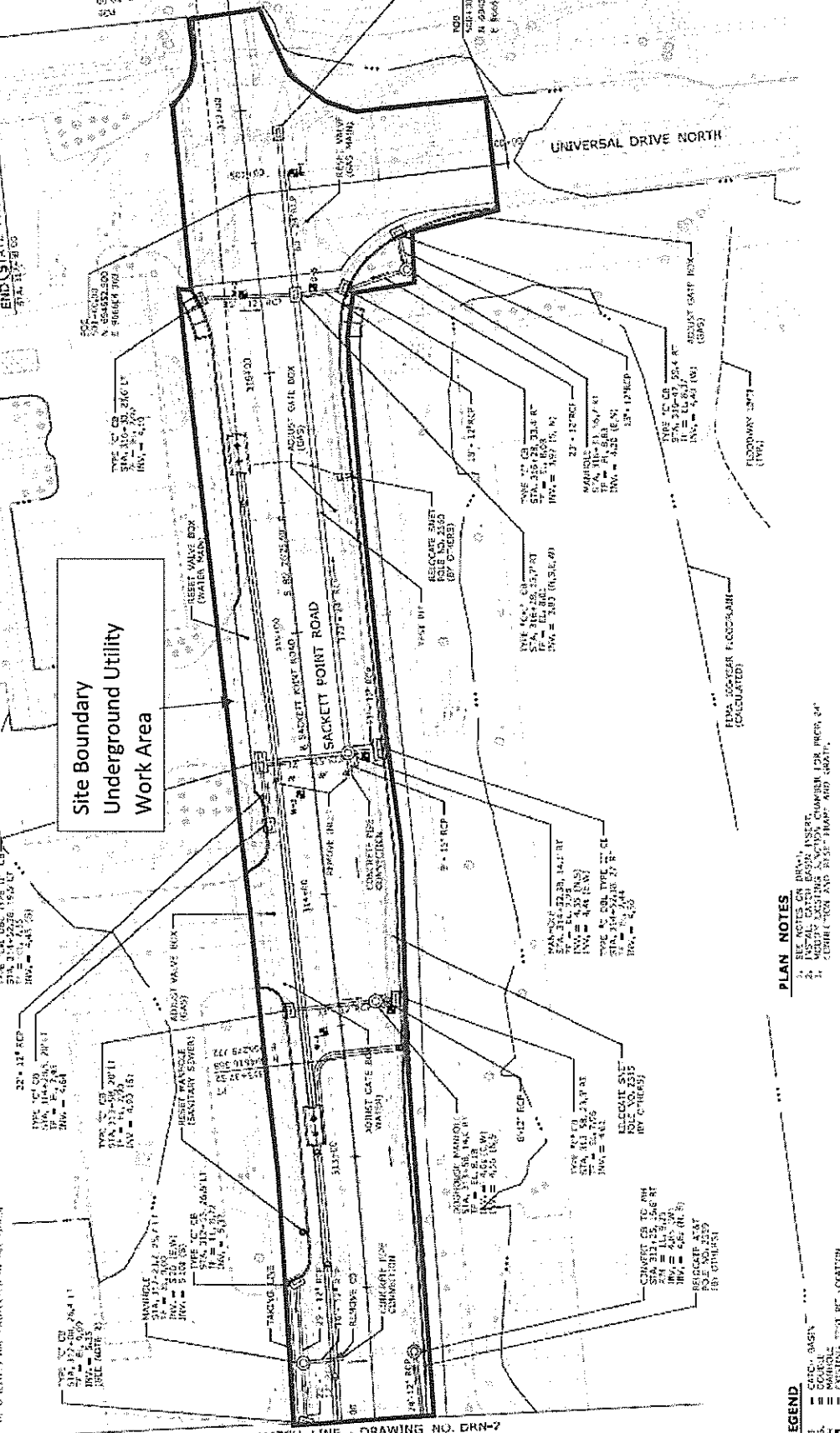
DRN-3

23

NO.	DATE	DESCRIPTION	BY	CHECKED
1	04/18/17	ISSUED FOR PERMITS	ALF	ALF
2	04/18/17	ISSUED FOR CONSTRUCTION	ALF	ALF
3	04/18/17	ISSUED FOR RECORDS	ALF	ALF

NO.	DATE	DESCRIPTION	BY	CHECKED
1	04/18/17	ISSUED FOR PERMITS	ALF	ALF
2	04/18/17	ISSUED FOR CONSTRUCTION	ALF	ALF
3	04/18/17	ISSUED FOR RECORDS	ALF	ALF

THIS UTILITY INFORMATION IS BASED ON LIMITED FIELD INVESTIGATIONS AND IS PRESENTED FOR INFORMATIONAL PURPOSES ONLY. IN SOME CASES THE FACILITY WAS NOT COMPLETELY EXPOSED TO POSITIVE VERIFY ITS SIZE OR DEPTH. THE INFORMATION IS NOT GUARANTEED TO BE ACCURATE. ADDITIONAL FIELD INVESTIGATIONS ARE REQUIRED TO VERIFY THE LOCATION AND DEPTH OF ALL UTILITIES.



**PLAN NOTES**

- SEE NOTES ON DRAWING SHEET DRN-3 FOR GENERAL NOTES.
- INSTALL ALL UTILITIES IN ACCORDANCE WITH THE TOWN OF NORTH HAVEN DEPARTMENT OF ENGINEERING SPECIFICATIONS.
- CONSTRUCTION AND MAINTENANCE SHALL BE IN ACCORDANCE WITH THE TOWN OF NORTH HAVEN DEPARTMENT OF ENGINEERING SPECIFICATIONS.

**LEGEND**

- CE = CATCH BASIN
- MA = MANHOLE
- CB = CONCRETE BOX CULVERT
- PC = PRECAST CONCRETE
- FC = FIBER OPTIC CABLE
- FC = FIBER OPTIC CABLE
- FC = FIBER OPTIC CABLE

**PROJECT INFORMATION**

PROJECT NO. 100-175  
 DRAWING NO. DRN-3  
 SHEET NO. 23

**CLIENT**  
 TOWN OF NORTH HAVEN  
 DEPARTMENT OF ENGINEERING

**DESIGNER**  
 A. FULCO

**DATE**  
 04/18/17

**SCALE**  
 AS SHOWN

**PROJECT LOCATION**  
 RECONSTRUCTION OF SACKETT POINT ROAD AND REPLACEMENT OF BRIDGE NO. 03743 OVER THE QUINNIPIAC RIVER

**DRAWING TITLE**  
 DRAINAGE AND UTILITY PLAN

# WATER QUALITY CLASSIFICATIONS NEW HAVEN, CT

## SURFACE WATER QUALITY CLASSES

- A
- AA
- B1\*
- SA
- SB

## GROUND WATER QUALITY CLASSES

- GA (Area not ground)
- GAA, GAAS
- GB (Area may not meet Current Standards)
- GB1
- GB2
- GC

\*Area of Contribution to Public Supply Well

GA (Area not ground)

GAA, GAAS (Area of Contribution to Public Supply Well)

GB (Area may not meet Current Standards)

GB1

GB2

GC

Food Aquifer Protection Area (Level A)

Major Street Boundary

## EXPLANATION

**WATER QUALITY CLASSIFICATIONS** are shown on this map as a result of the New Haven Water Quality Study. The study was conducted by the Connecticut Department of Environmental Protection (DEP) in cooperation with the City of New Haven. The study was completed in 1997 and the results are shown on this map. The map shows the water quality classes for surface and ground water in New Haven, CT. The classes are based on the results of the study and are shown on the map. The map also shows the major street boundaries and the food aquifer protection areas. The map is a technical drawing and is not to be used for any other purpose. The map is a technical drawing and is not to be used for any other purpose. The map is a technical drawing and is not to be used for any other purpose.

## DATA SOURCES

**WATER QUALITY CLASSIFICATIONS** are based on the results of the New Haven Water Quality Study. The study was conducted by the Connecticut Department of Environmental Protection (DEP) in cooperation with the City of New Haven. The study was completed in 1997 and the results are shown on this map. The map shows the water quality classes for surface and ground water in New Haven, CT. The classes are based on the results of the study and are shown on the map. The map also shows the major street boundaries and the food aquifer protection areas. The map is a technical drawing and is not to be used for any other purpose. The map is a technical drawing and is not to be used for any other purpose. The map is a technical drawing and is not to be used for any other purpose.

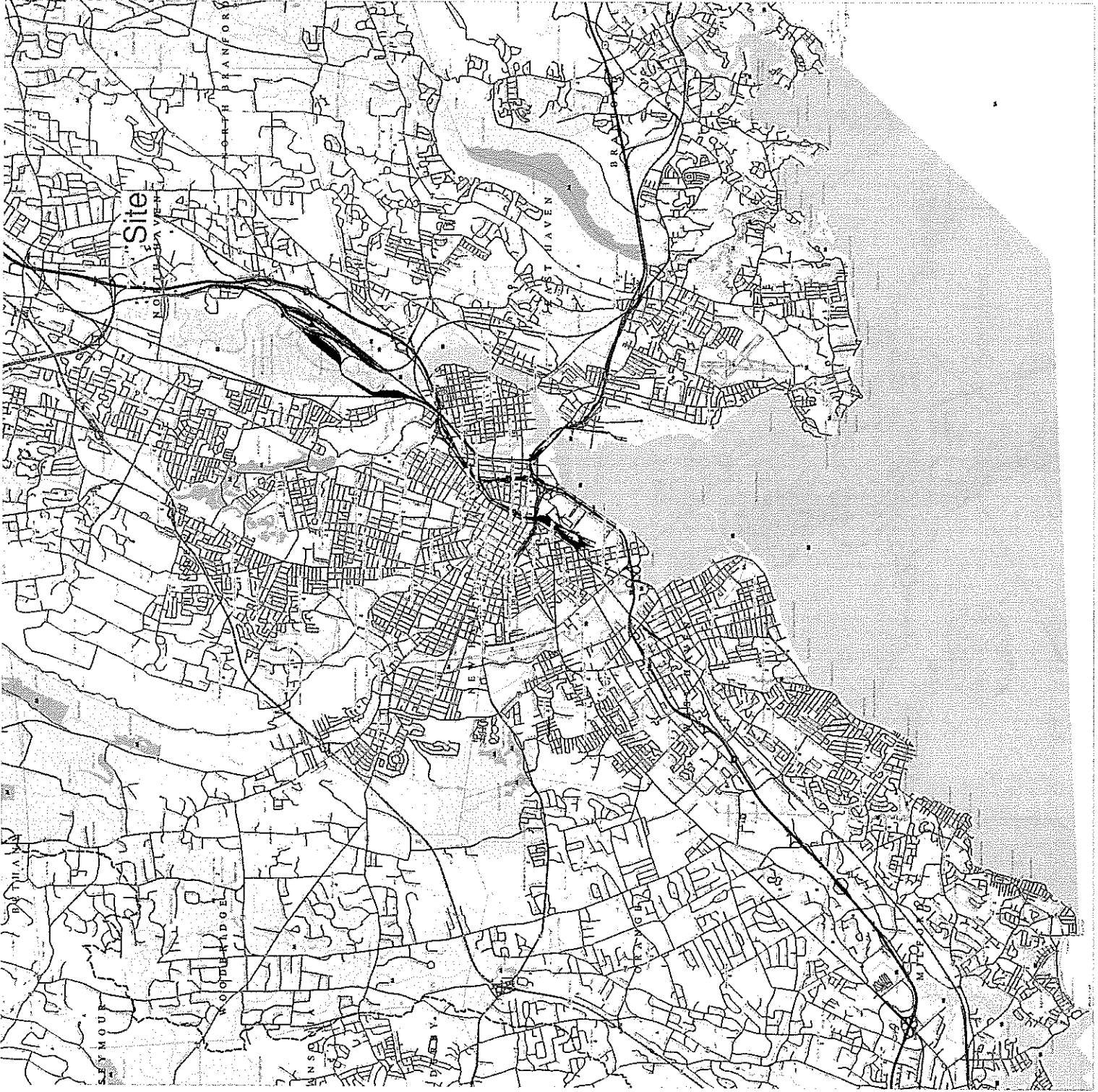
**ADOPTED DATES**

New Quality Study  
February 2, 2011

Thames River, Freshwater River and Inland Canal  
March, December 2010

Connecticut River and Coastal Canal  
February 1, 2011

Eastern River, Black River and Southern Canal  
March 1, 2011








# Natural Diversity Data Base Areas

## NORTH HAVEN, CT

December 2019

-  State and Federal Listed Species
-  Critical Habitat
-  Town Boundary

NOTE: This map shows general locations of State and Federal Listed Species and Critical Habitats. Information on listed species is collected and compiled by the Natural Diversity Data Base (NDDDB) from a variety of data sources. Exact locations of species have been buffered to produce the generalized locations.

This map is intended for use as a preliminary screening tool for conducting a Natural Diversity Data Base Review Request. To use the map, locate the project boundaries and any additional affected areas if the project is within a hatched area there may be a potential conflict with a listed species. For more information, complete a Request for Natural Diversity Data Base State Listed Species Review form (DEP-APP-007), and submit it to the NDDDB along with the required maps and information. More detailed instructions are provided with the request form on our website.

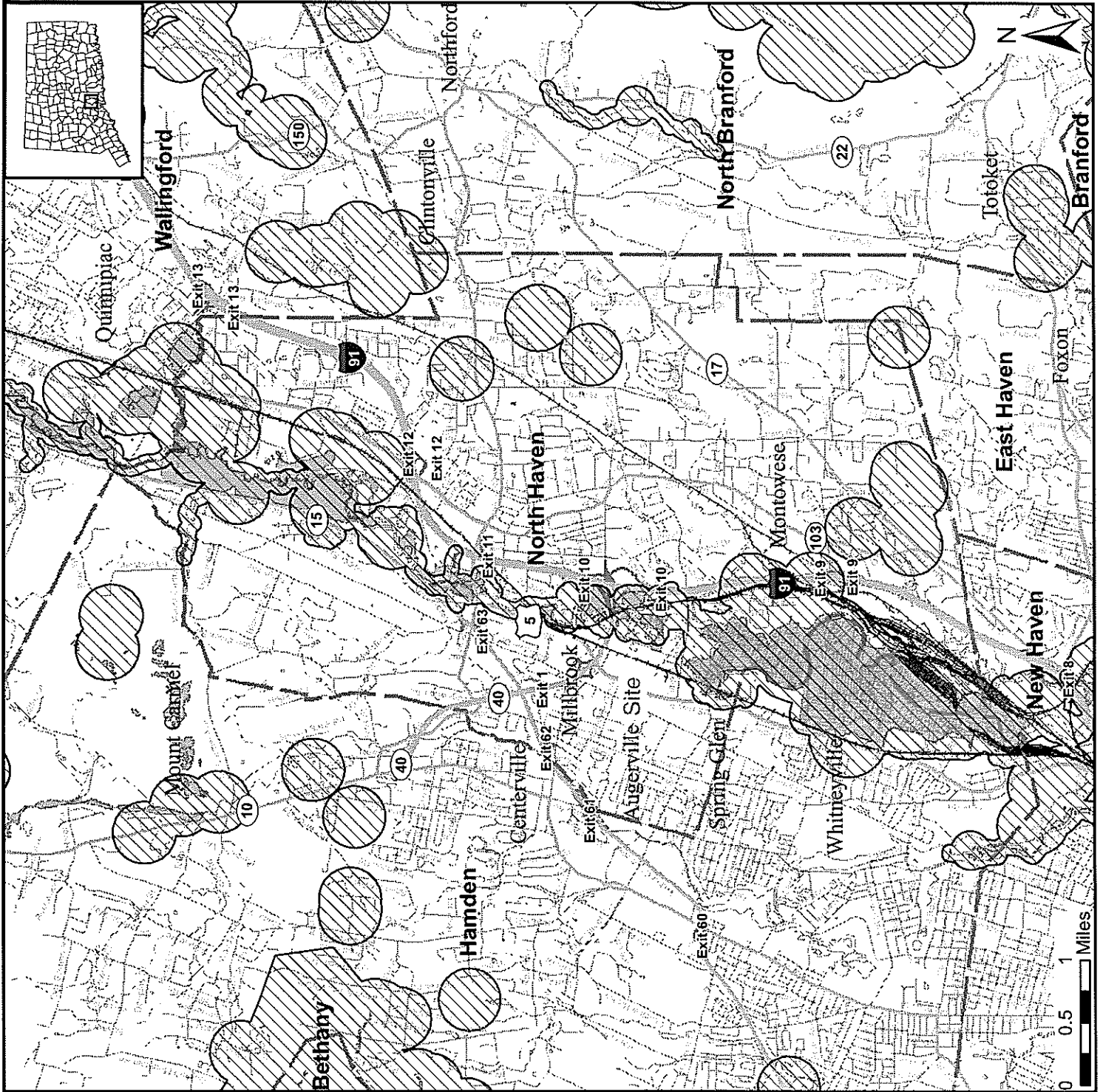
[www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest)

Use the CTECO Interactive Map Viewers at [www.cteco.uconn.edu](http://www.cteco.uconn.edu) to more precisely search for and locate a site and to view aerial imagery with NDDDB Areas.

QUESTIONS: Department of Energy and Environmental Protection (DEEP)  
79 Elm St, Hartford, CT 06106  
email: [deep.nddbrequest@ct.gov](mailto:deep.nddbrequest@ct.gov)  
Phone: (860) 424-3011







Connecticut Department of  
Energy & Environmental Protection  
Bureau of Natural Resources  
Wildlife Division



# AQUIFER PROTECTION AREAS

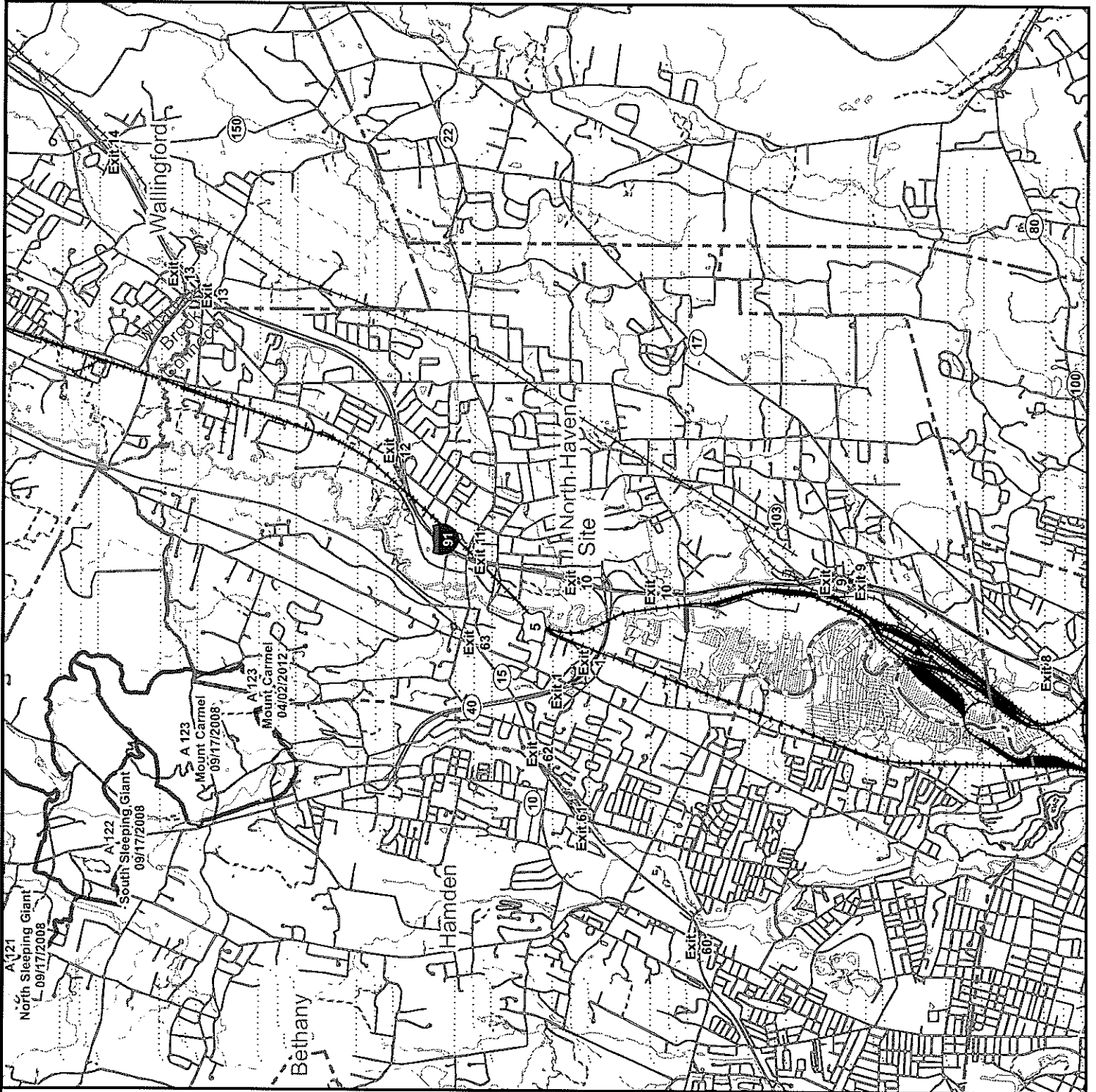
North Haven, CT

August 26, 2019

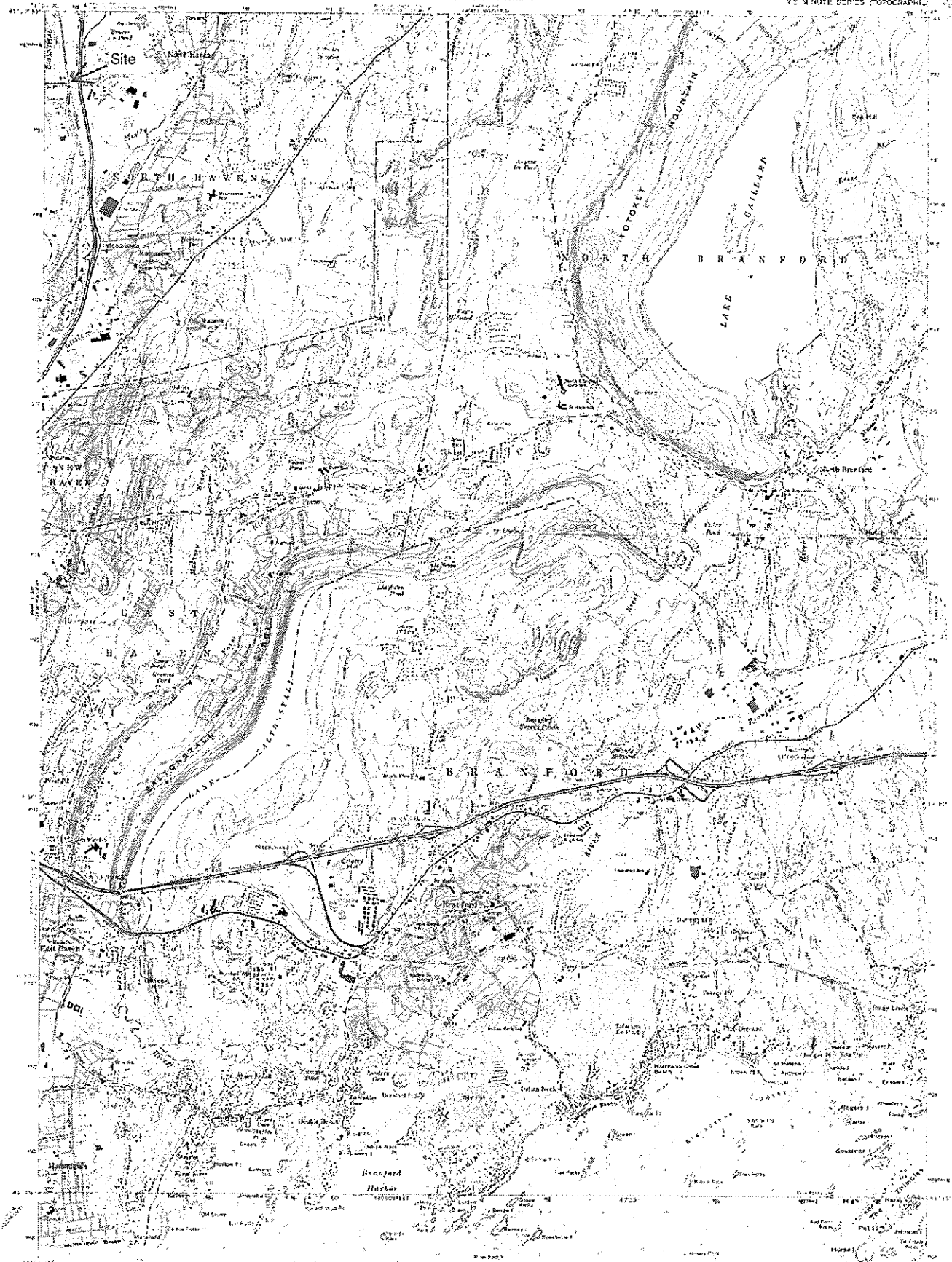
-  Level A APA (Final Adopted)
-  Level A APA (Final)
-  Level B APA (Preliminary)
-  Town Boundary

**NOTE:** The Aquifer Protection Areas were delineated through Connecticut's Level A and Level B Mapping Processes. Aquifer Protection Areas are delineated for active public water supply wells in stratified drift that serve more than 1000 people, in accordance with Sections 22a-354c and 22a-354z of the Connecticut General Statutes. Level B Mapping delineates a preliminary aquifer protection area, providing an estimate of the land area from which the well draws its water. Level A Mapping delineates the final Aquifer Protection Area, which becomes the regulatory boundary for land use controls designed to protect the well from contamination. As Level A Mapping is completed for each well field and approved by DEEP, it replaces the Level B Mapping. Final Adopted Level A Areas are those where towns have land use regulations for them. Massachusetts and Rhode Island Wellhead Protection Areas may be shown for informational purposes.

**QUESTIONS:**  
 Bureau of Water Protection and Land Reuse  
 Planning and Standards Division  
 Phone: (860) 424-3020  
[www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection)



**Attachment B**



Map published and published by the Connecticut Survey  
Date: 1925. 100,000 scale. 15 minute series.  
Copyright by the United States Geological Survey, 1925.  
Revised 1934. 15 minute series.  
Selected topographic data is based on the 1925 (1:50,000)  
and 1934 (1:50,000) maps. The 1925 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.

BRANFORD, CONN.  
15 MINUTE SERIES, PHOTOGRAPHIC  
Scale: 1:50,000  
Date: 1925, 1934  
Copyright by the United States Geological Survey, 1925, 1934  
Revised 1934  
Selected topographic data is based on the 1925 (1:50,000)  
and 1934 (1:50,000) maps. The 1925 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.  
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topographic data.  
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topographic data.

BRANFORD, CONN.  
15 MINUTE SERIES, PHOTOGRAPHIC  
Scale: 1:50,000  
Date: 1925, 1934  
Copyright by the United States Geological Survey, 1925, 1934  
Revised 1934  
Selected topographic data is based on the 1925 (1:50,000)  
and 1934 (1:50,000) maps. The 1925 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.  
The 1934 map is based on  
topographic data.

**Attachment C**

# COASTAL BOUNDARY NEW HAVEN, CONNECTICUT

**LEGEND**  
 Coastal Boundary

## EXPLANATION

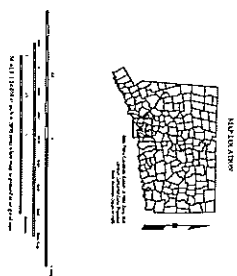
The coastal boundary shown on this map was derived from the original boundary map of the State of Connecticut, which was adopted by the Connecticut General Assembly in 1792. The coastal boundary shown on this map is the result of a project to update the coastal boundary map of the State of Connecticut, which was completed in 1994. The project was funded by the State of Connecticut and the United States Department of the Interior. The project was completed by the Connecticut Department of Environmental Protection and the United States Geological Survey. The project was completed by the Connecticut Department of Environmental Protection and the United States Geological Survey. The project was completed by the Connecticut Department of Environmental Protection and the United States Geological Survey.

## DATA SOURCES

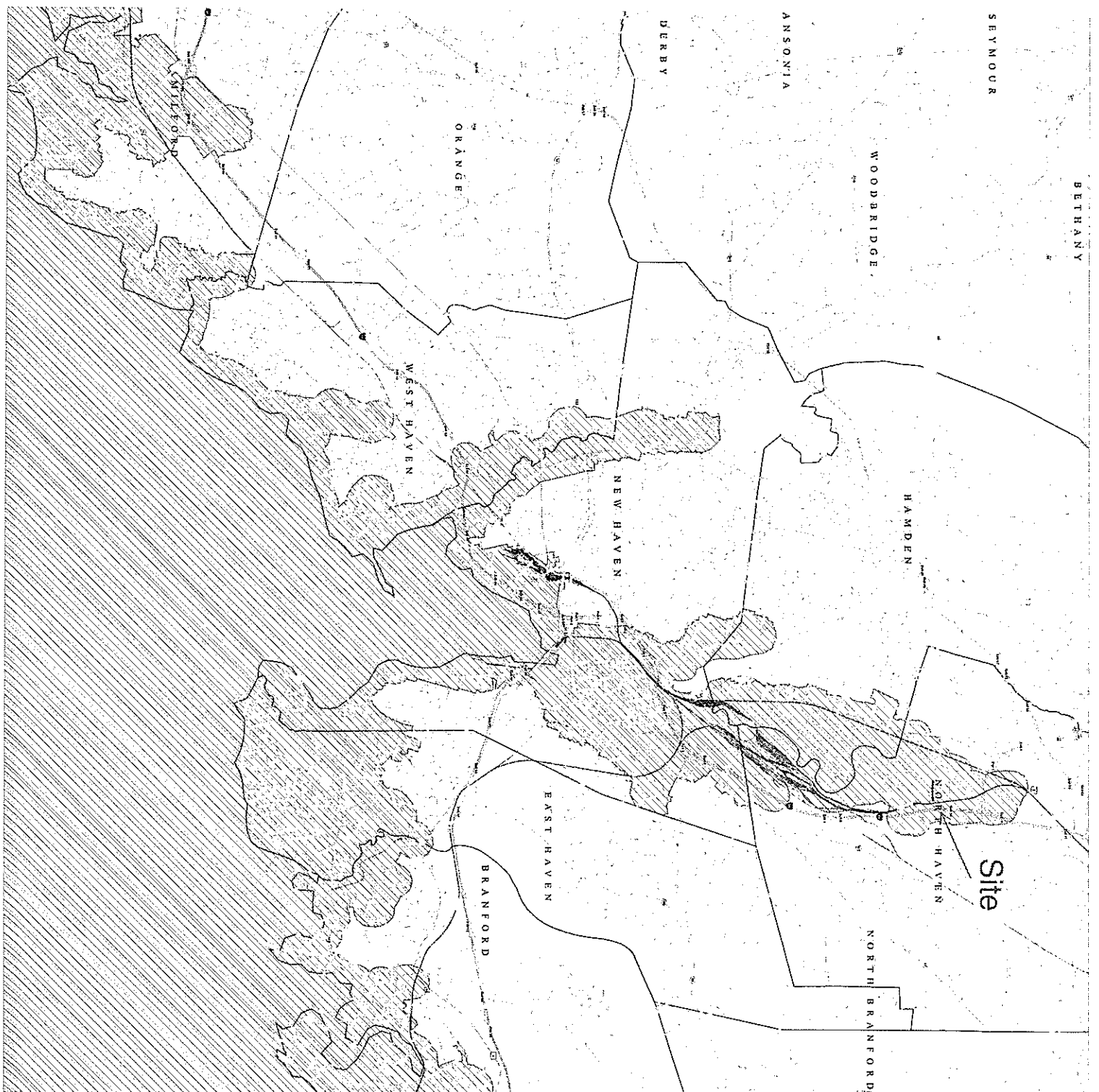
**QUANTAL, WINDSHAW, 1974.** The original boundary map was derived from the original boundary map of the State of Connecticut, which was adopted by the Connecticut General Assembly in 1792. The original boundary map was derived from the original boundary map of the State of Connecticut, which was adopted by the Connecticut General Assembly in 1792. The original boundary map was derived from the original boundary map of the State of Connecticut, which was adopted by the Connecticut General Assembly in 1792.



STATE OF CONNECTICUT  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION  
 150 MAIN STREET, SUITE 1000  
 HARTFORD, CT 06103



Scale: 1:50,000  
 North Arrow



Map Date: 1994  
 Date: 1994



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Water Protection & Land Reuse  
 Land & Water Resources Division

# Coastal Consistency Review Form

Please complete this form in accordance with the instructions (DEEP-INST-004). Print or type unless otherwise noted.

DEEP USE ONLY	
Application No.:	_____
Analyst Assigned:	_____
Date Received (LWRD):	_____

## Part I: Project Information

**1. Applicant Name:** Manafort Brothers

Mailing Address: 414 New Britain Avenue

City/Town: Plainfield

State: CT

Zip Code: 06062

Business Phone: 860 209 9453

ext.:

Fax:

Contact Person: Jeremy Bosma

Phone:

ext.

E-mail: jbosma@manafort.com

**2. Preparer Name:** Lockwood Remediation Technologies, LLC

Mailing Address: 89 Crawford Street

City/Town: Leominster

State: MA

Zip Code: 01453

Business Phone: 774-450-7177

ext.:

Fax:

Contact Person: Jake Jennings

Phone: 508-930-9812

ext.

E-mail: jjennings@lrt-llc.net

**3. Street Address or Description of Location of the Project Site:**

Bridge over Quinnipiac River on Sackett Point Road

City or Town: North Haven

**4. Brief Project Description:**

Construction dewatering and water treatment associated with bridge reconstruction and underground utility installations.

**5. Is the project located within the coastal boundary as defined in CGS section 22a-94(b)?**

Yes       No

If you answered **Yes** to this question, complete the entire form.

If you answered **No** to this question, and your project is located in a coastal area, skip Parts II through V and complete Parts VI, VII and VIII.

**Part I: Project Information (continued)**

**Has an endangered or threatened species review for this proposed activity been prepared or submitted as part of another DEEP license application?**  Yes  No

If Yes, proceed to Part II; if No, complete the question below.

**6. ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is the activity which is the subject of this application located within an area identified as a habitat for endangered, threatened or special concern species?

Yes  No Date of Map: December 2019

If yes, complete and submit a *Request for NDDB State Listed Species Review Form* (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the applicant. A copy of the completed Request for NDDB State Listed Species Review Form and the CT NDDB response must be submitted with this completed application.**

For more information visit the DEEP website at [www.ct.gov/deep/nddbrequest](http://www.ct.gov/deep/nddbrequest) or call the NDDB at 860-424-3011.

**Part II: Identification of Applicable Coastal Use and Activity Policies and Standards**

Identify all statutory goals and policies in or referenced by Section 22a-92 of the Coastal Management Act applicable to the proposed activities by checking the applicable boxes in the following table.

- General Development\* - CGS Sections 22a-92(a)(1), 22a-92(a)(2), 22a-92(a)(9), 22a-92(a)(9)
- Water-Dependent Uses - CGS Sections 22a-92(a)(3), 22a-92(b)(1)(A)
- Ports and Harbors - CGS Section 22a-92(b)(1)(C)
- Coastal Structures and Filling - CGS Section 22a-92(b)(1)(D)
- Dredging and Navigation - CGS Sections 22a-92(c)(1)(C), 22a-92(c)(1)(D)
- Boating - CGS Section 22a-92(b)(1)(G)
- Fisheries - CGS Section 22a-92(c)(1)(I)
- Coastal Recreation And Access - CGS Sections 22a-92(a)(6), 22a-92(C)(1)(J), 22a-92(c)(1)(K)
- Sewer and Water Lines - CGS Section 22a-92(b)(1)(B)
- Fuel, Chemicals And Hazardous Materials - CGS Sections 22a-92(b)(1)(C), 22a-92(b)(1)(E), 22a-92(c)(1)(A)
- Transportation - CGS Sections 22a-92(b)(10)(F), 22a-92(c)(1)(F), 22a-92(c)(1)(G), 22a-92(c)(1)(H)
- Solid Waste - CGS Section 22a-92(a)(2)
- Dams, Dikes and Reservoirs - CGS Section 22a-92(a)(2)
- Cultural Resources - CGS Section 22a-92(b)(1)(J)
- Open Space and Agricultural Lands - CGS Section 22a-92(a)(2)

\* applicable to all proposed activities



**Part III: Consistency With Applicable Statutory Coastal Use and Activity Goals and Policies**

Explain how the proposed activity is consistent with the applicable coastal activities goals and policies identified in Part II and describe any mitigation necessary to offset adverse impacts.  
 Construction dewatering and water treatment will have no impacts on coastal areas. Discharge from water treatment system will be discharged to the municipal sewer system and discharged to the POTW of North Haven.

**Part IV: Identification of Applicable Coastal Resources and Coastal Resource Policies**

Identify the coastal resources and associated statutory policies that apply to your project by checking the applicable boxes in the following table.

Coastal Resources	on-site	adjacent to work site	off-site but potentially affected by the project
General Resources* - CGS Sections 22a-93(7), 22a-92(a)(2)	X	X	X
Beaches & Dunes - CGS Sections 22a-93(7)(C), 22a-92-(b)(2)(C), 22a-92(c)(1)(K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bluffs & Escarpments - CGS Sections 22a-93(7)(A), 22a-92(b)(2)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Hazard Area - CGS Sections 22a-93(7)(H), 22a-92(a)(2), 22a-92(b)(2)(F), 22a-92(b)(2)(J), 22a-92(c)(2)(B), 22a-92(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Waters & Estuarine Embayments - CGS Sections 22a-93(5), 22a-93(7)(K), 22a-93(7)(L), 22a-93(7)(G), 22a-92(a)(2), 22a-92(c)(2)(A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developed Shorefront - CGS Sections 22a-93(7)(I), 22a-92(b)(2)(G)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freshwater Wetlands and Watercourses - CGS Sections 22a-93(7)(F), 22a-92(a)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intertidal Flats - CGS Sections 22a-93(7)(D), 22a-92(b)(2)(D), 22a-92(c)(1)(K)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Islands - CGS Sections 22a-93(7)(J), 22a-92(b)(2)(H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rocky Shorefront - CGS Sections 22a-93(7)(B), 22a-92(b)(2)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shellfish Concentration Areas - CGS Sections 22a-93(7)(N), 22a-92(c)(1)(I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shorelands - CGS Sections 22a-93(7)(M), 22a-92(b)(2)(I)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tidal Wetlands - CGS Sections 22a-93(7)(E), 22a-92(a)(2), 22a-92(b)(2)(E), 22a-92(c)(1)(B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* applicable to all proposed activities

**Part V: Consistency with Applicable Statutory Coastal Resource Goals and Policies**

Explain how the proposed activity is consistent with the applicable statutory coastal resource goals and policies identified in Part IV and describe any mitigation necessary to offset adverse impacts.

Construction dewatering and water treatment will have no impacts on coastal areas. Discharge from water treatment system will be discharged to the municipal sewer system and discharged to the POTW of North Haven.

**Part VI: Identification of Potential Adverse Impacts**

Identify the adverse impact categories that apply to the proposed activity. Check the applicable box if the proposed activity has the potential to generate any adverse impacts defined in the Coastal Management Act and referred to in the following table. If the category is applicable to the proposed activity, you may describe in Part VII project design features which may eliminate or minimize the potential for identified adverse impacts.

Potential Resource Impacts	Applicable	Not Applicable
Characteristics & Functions of Resources - CGS Section 22a-93(15)(H)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coastal Flooding - CGS Section 22a-93(15)(E)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coastal Waters Circulation Patterns - CGS Section 22a-93(15)(B)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drainage Patterns - CGS Section 22a-93(15)(D)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Patterns of Shoreline Erosion and Accretion - CGS Section 22a-93(15)(C)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Quality - CGS Section 22a-93(15)(F)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Quality - CGS Section 22a-93(15)(A)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Wildlife, Finfish, Shellfish Habitat - CGS Section 22a-93(15)(G)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Potential Impacts on Water Dependent Uses	Applicable	Not Applicable
Locating a non-water-dependent use on a site suited to or planned for a water-dependent use - CGS Section 22a-93(17)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Replacing an existing water-dependent use with a non-water-dependent use - CGS Section 22a-93(17)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Siting a non-water-dependent use which reduces or eliminates public access to marine or tidal waters - CGS Section 22a-93(17)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part VII: Consistency with Statutory Adverse Impact Policies**

Explain how all potential adverse impacts identified, as applicable, in Part VI have been avoided, eliminated or minimized.  
Erosion and sediment controls will be installed at the site to prevent sediment from entering storm drainage system infrastructure or surface water (Quinnipiac River).

**Part VIII: Remaining Adverse Impacts**

Identify any adverse impacts which remain after incorporating all measures to eliminate or minimize such adverse impacts, and explain why no feasible and prudent alternatives exist that would further avoid or reduce such impacts.  
None identified.

If this completed form is required as part of another DEEP license application, submit this completed form as instructed on the relevant application.

If this completed form is **not** required as part of another DEEP license application, submit this completed form to:

COASTAL PLANNING  
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**Attachment D**

**Attachment F**

**Attachment F: Qualified Professional Certification**

The following certification must be signed by a professional engineer, licensed to practice in Connecticut, or a Licensed Environmental Professional, or a Certified Hazardous Materials Manager. For short-term discharges of 30 days or less, the following certification is not required.

I have, at a minimum, completely and thoroughly reviewed the General Permit for the Discharge of Groundwater Remediation Wastewater and the following regarding the discharges to be authorized under this general permit: (i) all registration information provided in accordance with Section 4(c)(2) of this general permit, (ii) the facility, based on a site inspection, (iii) compliance records, (iv) all wastewater collection and treatment systems and monitoring equipment, including any plans and specifications, operating records and any Department approvals regarding such wastewater collection and treatment systems and monitoring equipment;

Based on the review described above and in Section 3(b)(16)(C) of the General Permit for the Discharge of Groundwater Remediation Wastewater, any treatment or Best Management Practices are adequate to assure that the activity to be authorized under such general permit will comply with the terms and conditions of such general permit and all wastewater collection and treatment systems and monitoring equipment: (i) have been designed and installed to control pollution to the maximum extent achievable using measures that are technologically available and economically practicable, (ii) will function properly as designed based on visual inspection, compliance and operating records, and (iii) are adequate to ensure compliance with the terms and conditions of this general permit;

"I hereby certify that I am a Qualified Professional as defined in the General Permit for the Discharge of Groundwater Remediation Wastewater and as further specified in Section 3(b)(16) of such permit. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by Manafort Brothers, Inc. for an activity located at Sackett Point Road and Bridge No. 03743, State Project No. 100-175

I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(16)(C) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I further certify that I have made the affirmative determination required in accordance with Section 3(b)(16)(D) of this general permit and that my signing this certification constitutes conclusive evidence of my having made such affirmative determination. I understand that this certification may be subject to an audit by the commissioner in accordance with Section 22a-430b of the Connecticut General Statutes, and I agree to cooperate with the commissioner should such an audit be required, including, but not limited to providing information as may be requested in writing by the commissioner in connection with any such audit. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Signature of Qualified Professional

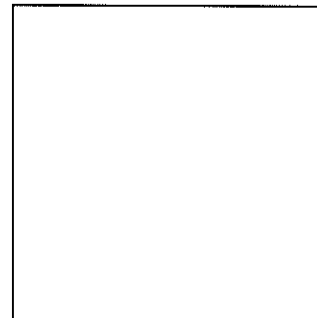
**John Henry, P.E.**

Date

Printed Name of Qualified Professional

P. E. Number (if applicable)

Affix P. E. Stamp Here (if applicable)



**Attachment G**



Connecticut Department of  
 Energy & Environmental Protection  
 Bureau of Materials Management & Compliance Assurance  
 Water Permitting & Enforcement Division

<b>DEEP USE ONLY</b>
Application No. _____
Permit No. _____

## Screening Form

### General Permit for the Discharge of Groundwater Remediation Wastewater

Site Name: **Sackett Point Road**

Address: **Portion of Sackett Point Road and Bridge No. 03743 over Quinnipiac River. State Project No. 100-175.**

Screening results shall be recorded on this form as required pursuant to Section 5 of this general permit.

The parameters in the table below are a general permit minimum. Additional parameters may be required, dependent on the requirements of Section 5 of the general permit. Parameters not required shall be marked "NA". The table is formatted to provide an unlimited amount of rows. For additional rows, press the tab key at the end of the last row. The header row will appear in each additional page.

Date Sampled:		DSN:	
Parameter	Result	Additional Parameters	Result
Daily Flow; if applicable	<144,000 GPD	Barium	5.8 mg/L
Total Volatile Organic Compounds (VOCs)	Not Detected	Arsenic	0.035 mg/L
Oil & Grease – Hydrocarbon Fraction or Total Petroleum Hydrocarbons	2.0 mg/L	PAHs	1.34 ug/L
MTBE	<0.250 ug/L		
Cadmium, Total	0.035 mg/L		
Cobalt, Total	NA		
Copper, Total	1.6 mg/L		
Iron, Total	250 mg/L		
Lead, Total	5.6 mg/L		
Mercury, Total	0.016 mg/L		
Nitrogen, Total	6.7 mg/L		
Phosphorous, Total	0.14 mg/L		
pH	7.8		
Temperature	12 °c		
Total Settleable Solids	26 mL/L		
Total Suspended Solids	3000 mg/L		
Zinc, Total	13 mg/L		

**Results to be maintained on site and submitted as required pursuant to Section 5(a) of this general permit with one exception:**

The results of the initial screening analysis required pursuant to Section 5(a) of this general permit must be submitted on this form and attached to the registration form (DEEP-WPED-REG-027) as part of the general permit registration process.

Submit to: DMR SECTION (Except for monitoring submitted as part of the General Permit registration process.)  
 BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE  
 DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION  
 79 ELM STREET, HARTFORD, CT 06106-5127

"I certify that I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement made in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I also certify that this form is complete and accurate as prescribed by the commissioner without alteration of the text."

\_\_\_\_\_  
 Signature of Person Completing Form

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Person Completing Form (print or type)

\_\_\_\_\_  
 Title (if applicable)



April 14, 2020

Jake Jennings  
Lockwood Remediation Technologies, LLC  
89 Crawford Street  
Leominster, MA 01453

Project Location: Sackett Point Bridge  
Client Job Number:  
Project Number: 2-2029  
Laboratory Work Order Number: 20D0170

Enclosed are results of analyses for samples received by the laboratory on April 3, 2020. If you have any questions concerning this report, please feel free to contact me.

Sincerely,



Kerry K. McGee  
Project Manager

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39 Spruce Street \* East Longmeadow, MA 01028 \* FAX 413/525-6405 \* TEL. 413/525-2332

Lockwood Remediation Technologies, LLC  
 89 Crawford Street  
 Leominster, MA 01453  
 ATTN: Jake Jennings

REPORT DATE: 4/14/2020

PURCHASE ORDER NUMBER: 2-2029

PROJECT NUMBER: 2-2029

**ANALYTICAL SUMMARY**

WORK ORDER NUMBER: 20D0170

The results of analyses performed on the following samples submitted to the CON-TEST Analytical Laboratory are found in this report.

PROJECT LOCATION: Sackett Point Bridge

FIELD SAMPLE #	LAB ID:	MATRIX	SAMPLE DESCRIPTION	TEST	SUB LAB
S1	20D0170-01	Ground Water		624.1 CTDEP ETPH EPA 200.7 EPA 245.1 EPA 300.0 SM 21-22 4500 P E SM19-22 4500-N Org B,C-NH3 C SM19-22 4500-N Org B,C-NH3 C SM21-22 2540D SM21-22 2540F SW-846 8270D-E	MA M-CT007/CT PH-0618/NY11301

CASE NARRATIVE SUMMARY

All reported results are within defined laboratory quality control objectives unless listed below or otherwise qualified in this report.  
For method 8270E, only PAHs were requested and reported.

SW-846 8270D-E

Qualifications:

---

RL-12

Elevated reporting limit due to matrix interference.

Analyte & Sample(s) Qualified:

20D0170-01[S1]

The results of analyses reported only relate to samples submitted to the Con-Test Analytical Laboratory for testing.  
I certify that the analyses listed above, unless specifically listed as subcontracted, if any, were performed under my direction according to the approved methodologies listed in this document, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, the material contained in this report is, to the best of my knowledge and belief, accurate and complete.



Lisa A. Worthington  
Technical Representative

39 Spruce Street \* East Longmeadow, MA 01028 \* FAX 413/525-6405 \* TEL. 413/525-2332

Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Volatile Organic Compounds by GC/MS

Analyte	Results	RL	DL	Units	Dilution	Flag/Qual	Method	Date	Date/Time	Analyst
								Prepared	Analyzed	
Benzene	<0.180	1.00	0.180	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Bromodichloromethane	<0.160	2.00	0.160	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Bromoform	<0.460	2.00	0.460	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Bromomethane	<0.780	2.00	0.780	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Carbon Tetrachloride	<0.110	2.00	0.110	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Chlorobenzene	<0.150	2.00	0.150	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Chlorodibromomethane	<0.210	2.00	0.210	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Chloroethane	<0.350	2.00	0.350	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Chloroform	<0.170	2.00	0.170	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Chloromethane	<0.450	2.00	0.450	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,2-Dichlorobenzene	<0.160	2.00	0.160	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,3-Dichlorobenzene	<0.120	2.00	0.120	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,4-Dichlorobenzene	<0.130	2.00	0.130	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,2-Dichloroethane	<0.410	2.00	0.410	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,1-Dichloroethane	<0.160	2.00	0.160	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,1-Dichloroethylene	<0.320	2.00	0.320	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
trans-1,2-Dichloroethylene	<0.310	2.00	0.310	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,2-Dichloropropane	<0.200	2.00	0.200	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
cis-1,3-Dichloropropene	<0.130	2.00	0.130	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
trans-1,3-Dichloropropene	<0.230	2.00	0.230	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Ethylbenzene	<0.130	2.00	0.130	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Methyl tert-Butyl Ether (MTBE)	<0.250	2.00	0.250	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Methylene Chloride	<0.340	5.00	0.340	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,1,2,2-Tetrachloroethane	<0.220	2.00	0.220	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Tetrachloroethylene	<0.180	2.00	0.180	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Toluene	<0.140	1.00	0.140	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,1,1-Trichloroethane	<0.200	2.00	0.200	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
1,1,2-Trichloroethane	<0.160	2.00	0.160	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Trichloroethylene	<0.240	2.00	0.240	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Trichlorofluoromethane (Freon 11)	<0.330	2.00	0.330	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Vinyl Chloride	<0.450	2.00	0.450	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
m+p Xylenc	<0.300	2.00	0.300	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
o-Xylenc	<0.170	1.00	0.170	µg/L	1		624.1	4/6/20	4/7/20 1:02	LBD
Surrogates	% Recovery		Recovery Limits		Flag/Qual					
1,2-Dichloroethane-d4	112		70-130						4/7/20 1:02	
Toluene-d8	98.0		70-130						4/7/20 1:02	
4-Bromofluorobenzene	97.0		70-130						4/7/20 1:02	

39 Spruce Street \* East Longmeadow, MA 01028 \* FAX 413/525-6405 \* TEL. 413/525-2332

Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Sample Flags: RL-12

Semivolatile Organic Compounds by GC/MS

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Acenaphthene (SIM)	ND	0.62	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Acenaphthylene (SIM)	ND	0.42	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Anthracene (SIM)	ND	0.42	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Benzo(a)anthracene (SIM)	0.19	0.10	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Benzo(a)pyrene (SIM)	0.31	0.21	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Benzo(b)fluoranthene (SIM)	0.44	0.10	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Benzo(g,h,i)perylene (SIM)	ND	1.0	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Benzo(k)fluoranthene (SIM)	ND	0.42	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Chrysene (SIM)	ND	0.42	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Dibenz(a,h)anthracene (SIM)	ND	0.21	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Fluoranthene (SIM)	ND	1.0	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Fluorene (SIM)	ND	2.1	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Indeno(1,2,3-cd)pyrene (SIM)	0.28	0.21	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
2-Methylnaphthalene (SIM)	ND	2.1	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Naphthalene (SIM)	ND	2.1	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Phenanthrene (SIM)	0.12	0.10	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Pyrene (SIM)	ND	2.1	µg/L	2		SW-846 8270D-E	4/8/20	4/9/20 18:51	RMW
Surrogates		% Recovery	Recovery Limits		Flag/Qual				
Nitrobenzene-d5		91.4	30-130					4/9/20 18:51	
2-Fluorobiphenyl		82.0	30-130					4/9/20 18:51	
p-Terphenyl-d14		67.9	30-130					4/9/20 18:51	



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Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Petroleum Hydrocarbons Analyses

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
CT ETPH	2.0	0.16	mg/L	1		CTDEP ETPH	4/8/20	4/9/20 16:01	RMW
Surrogates	% Recovery		Recovery Limits		Flag/Qual				
2-Fluorobiphenyl	92.1		50-150				4/9/20 16:01		

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Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Metals Analyses (Total)

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Arsenic	0.035	0.010	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH
Barium	5.8	0.050	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH
Cadmium	0.035	0.0040	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH
Copper	1.6	0.010	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH
Iron	250	0.25	mg/L	5		EPA 200.7	4/6/20	4/7/20 18:41	MJH
Lead	5.6	0.010	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH
Mercury	0.016	0.00050	mg/L	5		EPA 245.1	4/7/20	4/8/20 11:57	CJV
Zinc	13	0.010	mg/L	1		EPA 200.7	4/6/20	4/7/20 14:52	MJH



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Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Conventional Chemistry Parameters by EPA/APHA/SW-846 Methods (Total)

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Nitrate as N	1.3	0.10	mg/L	1		EPA 300.0	4/3/20	4/3/20 18:14	KMV
Nitrite as N	ND	0.100	mg/L	1		EPA 300.0	4/3/20	4/3/20 18:14	KMV
Phosphorus, Total	0.14	0.050	mg/L	1		SM 21-22 4500 P E	4/6/20	4/7/20 13:30	IS
Settleable Solids	26	0.10	mL/L	1		SM21-22 2540F	4/3/20	4/3/20 17:13	KMV
Total Nitrogen	6.7	0.050	mg/L	1		SM19-22 4500-N Org B,C-NH3 C	4/14/20	4/14/20 8:35	LL
Total Suspended Solids	3000	33	mg/L	1		SM21-22 2540D	4/6/20	4/6/20 12:48	LL

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Project Location: Sackett Point Bridge

Sample Description:

Work Order: 20D0170

Date Received: 4/3/2020

Field Sample #: S1

Sampled: 4/3/2020 09:30

Sample ID: 20D0170-01

Sample Matrix: Ground Water

Total Kjeldahl Nitrogen (TKN) by E351.1

Analyte	Results	RL	Units	Dilution	Flag/Qual	Method	Date Prepared	Date/Time Analyzed	Analyst
Total Kjeldahl Nitrogen	5.42	0.2	mg/L	2		E351.1		4/11/20 0:00	PAL

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**Sample Extraction Data**

Prep Method: SW-846 5030B Analytical Method: 624.1

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255748	5	5.00	04/06/20

Prep Method: SW-846 3510C Analytical Method: CTDEP ETPH

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255910	960	1.00	04/08/20

Prep Method: EPA 200.7 Analytical Method: EPA 200.7

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255770	50.0	50.0	04/06/20

Prep Method: EPA 245.1 Analytical Method: EPA 245.1

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255795	6.00	6.00	04/07/20

Prep Method: EPA 300.0 Analytical Method: EPA 300.0

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255582	10.0	10.0	04/03/20

SM 21-22 4500 P E

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255702	50.0	50.0	04/06/20

SM19-22 4500-N Org B,C-NH3 C

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B256206	50.0	50.0	04/14/20

SM21-22 2540D

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255692	15.0		04/06/20

SM21-22 2540F

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255653	1000		04/03/20

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**Sample Extraction Data**

Prep Method: SW-846 3510C    Analytical Method: SW-846 8270D-E

Lab Number [Field ID]	Batch	Initial [mL]	Final [mL]	Date
20D0170-01 [S1]	B255978	960	1.00	04/08/20

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QUALITY CONTROL

Volatile Organic Compounds by GC/MS - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255748 - SW-846 5030B</b>										
<b>Blank (B255748-BLK1)</b>										
Prepared: 04/06/20 Analyzed: 04/07/20										
Benzene	ND	1.00	µg/L							
Bromodichloromethane	ND	2.00	µg/L							
Bromoform	ND	2.00	µg/L							
Bromomethane	ND	2.00	µg/L							
Carbon Tetrachloride	ND	2.00	µg/L							
Chlorobenzene	ND	2.00	µg/L							
Chlorodibromomethane	ND	2.00	µg/L							
Chloroethane	ND	2.00	µg/L							
Chloroform	ND	2.00	µg/L							
Chloromethane	ND	2.00	µg/L							
1,2-Dichlorobenzene	ND	2.00	µg/L							
1,3-Dichlorobenzene	ND	2.00	µg/L							
1,4-Dichlorobenzene	ND	2.00	µg/L							
1,2-Dichloroethane	ND	2.00	µg/L							
1,1-Dichloroethane	ND	2.00	µg/L							
1,1-Dichloroethylene	ND	2.00	µg/L							
trans-1,2-Dichloroethylene	ND	2.00	µg/L							
1,2-Dichloropropane	ND	2.00	µg/L							
cis-1,3-Dichloropropene	ND	2.00	µg/L							
trans-1,3-Dichloropropene	ND	2.00	µg/L							
Ethylbenzene	ND	2.00	µg/L							
Methyl tert-Butyl Ether (MTBE)	ND	2.00	µg/L							
Methylene Chloride	ND	5.00	µg/L							
1,1,2,2-Tetrachloroethane	ND	2.00	µg/L							
Tetrachloroethylene	ND	2.00	µg/L							
Toluene	ND	1.00	µg/L							
1,1,1-Trichloroethane	ND	2.00	µg/L							
1,1,2-Trichloroethane	ND	2.00	µg/L							
Trichloroethylene	ND	2.00	µg/L							
Trichlorofluoromethane (Freon 11)	ND	2.00	µg/L							
Vinyl Chloride	ND	2.00	µg/L							
m+p Xylene	ND	2.00	µg/L							
o-Xylene	ND	1.00	µg/L							
Surrogate: 1,2-Dichloroethane-d4	27.6		µg/L	25.0		110	70-130			
Surrogate: Toluene-d8	24.6		µg/L	25.0		98.6	70-130			
Surrogate: 4-Bromofluorobenzene	23.7		µg/L	25.0		95.0	70-130			
<b>LCS (B255748-BS1)</b>										
Prepared & Analyzed: 04/06/20										
Benzene	21	1.00	µg/L	20.0		103	65-135			
Bromodichloromethane	21	2.00	µg/L	20.0		107	65-135			
Bromoform	21	2.00	µg/L	20.0		103	70-130			
Bromomethane	20	2.00	µg/L	20.0		102	15-185			
Carbon Tetrachloride	20	2.00	µg/L	20.0		100	70-130			
Chlorobenzene	21	2.00	µg/L	20.0		105	65-135			
Chlorodibromomethane	21	2.00	µg/L	20.0		104	70-135			
Chloroethane	22	2.00	µg/L	20.0		111	40-160			
Chloroform	21	2.00	µg/L	20.0		107	70-135			
Chloromethane	18	2.00	µg/L	20.0		90.8	20-205			
1,2-Dichlorobenzene	22	2.00	µg/L	20.0		109	65-135			
1,3-Dichlorobenzene	22	2.00	µg/L	20.0		108	70-130			
1,4-Dichlorobenzene	20	2.00	µg/L	20.0		102	65-135			
1,2-Dichloroethane	21	2.00	µg/L	20.0		106	70-130			

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QUALITY CONTROL

Volatile Organic Compounds by GC/MS - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
Batch B255748 - SW-846 5030B										
LCS (B255748-BS1) <span style="float: right;">Prepared &amp; Analyzed: 04/06/20</span>										
1,1-Dichloroethane	22	2.00	µg/L	20.0		109	70-130			
1,1-Dichloroethylene	21	2.00	µg/L	20.0		106	50-150			
trans-1,2-Dichloroethylene	20	2.00	µg/L	20.0		101	70-130			
1,2-Dichloropropane	21	2.00	µg/L	20.0		106	35-165			
cis-1,3-Dichloropropene	20	2.00	µg/L	20.0		101	25-175			
trans-1,3-Dichloropropene	20	2.00	µg/L	20.0		102	50-150			
Ethylbenzene	20	2.00	µg/L	20.0		98.4	60-140			
Methyl tert-Butyl Ether (MTBE)	22	2.00	µg/L	20.0		109	70-130			
Methylene Chloride	23	5.00	µg/L	20.0		115	60-140			
1,1,2,2-Tetrachloroethane	23	2.00	µg/L	20.0		116	60-140			
Tetrachloroethylene	19	2.00	µg/L	20.0		95.1	70-130			
Toluene	20	1.00	µg/L	20.0		98.9	70-130			
1,1,1-Trichloroethane	21	2.00	µg/L	20.0		104	70-130			
1,1,2-Trichloroethane	22	2.00	µg/L	20.0		110	70-130			
Trichloroethylene	20	2.00	µg/L	20.0		100	65-135			
Trichlorofluoromethane (Freon 11)	18	2.00	µg/L	20.0		90.0	50-150			
Vinyl Chloride	18	2.00	µg/L	20.0		90.4	5-195			
m+p Xylene	39	2.00	µg/L	40.0		97.9	70-130			
o-Xylene	21	1.00	µg/L	20.0		103	70-130			
Surrogate: 1,2-Dichloroethane-d4	27.0		µg/L	25.0		108	70-130			
Surrogate: Toluene-d8	25.2		µg/L	25.0		101	70-130			
Surrogate: 4-Bromofluorobenzene	24.6		µg/L	25.0		98.5	70-130			

39 Spruce Street \* East Longmeadow, MA 01028 \* FAX 413/525-6405 \* TEL. 413/525-2332

QUALITY CONTROL

Semivolatile Organic Compounds by GC/MS - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255978 - SW-846 3510C</b>										
<b>Blank (B255978-BLK1)</b>					Prepared: 04/08/20 Analyzed: 04/09/20					
Acenaphthene (SIM)	ND	0.30	µg/L							
Acenaphthylene (SIM)	ND	0.20	µg/L							
Anthracene (SIM)	ND	0.20	µg/L							
Benzo(a)anthracene (SIM)	ND	0.050	µg/L							
Benzo(a)pyrene (SIM)	ND	0.10	µg/L							
Benzo(b)fluoranthene (SIM)	ND	0.050	µg/L							
Benzo(g,h,i)perylene (SIM)	ND	0.50	µg/L							
Benzo(k)fluoranthene (SIM)	ND	0.20	µg/L							
Chrysene (SIM)	ND	0.20	µg/L							
Dibenz(a,h)anthracene (SIM)	ND	0.10	µg/L							
Fluoranthene (SIM)	ND	0.50	µg/L							
Fluorene (SIM)	ND	1.0	µg/L							
Indeno(1,2,3-cd)pyrene (SIM)	ND	0.10	µg/L							
2-Methylnaphthalene (SIM)	ND	1.0	µg/L							
Naphthalene (SIM)	ND	1.0	µg/L							
Phenanthrene (SIM)	ND	0.050	µg/L							
Pyrene (SIM)	ND	1.0	µg/L							
Surrogate: Nitrobenzene-d5	74.8		µg/L	100		74.8	30-130			
Surrogate: 2-Fluorobiphenyl	65.5		µg/L	100		65.5	30-130			
Surrogate: p-Terphenyl-d14	70.7		µg/L	100		70.7	30-130			
<b>LCS (B255978-BS1)</b>					Prepared: 04/08/20 Analyzed: 04/09/20					
Acenaphthene (SIM)	45.1	6.0	µg/L	50.0		90.2	40-140			
Acenaphthylene (SIM)	43.8	4.0	µg/L	50.0		87.7	40-140			
Anthracene (SIM)	48.5	4.0	µg/L	50.0		97.0	40-140			
Benzo(a)anthracene (SIM)	45.9	1.0	µg/L	50.0		91.8	40-140			
Benzo(a)pyrene (SIM)	48.0	2.0	µg/L	50.0		95.9	40-140			
Benzo(b)fluoranthene (SIM)	51.2	1.0	µg/L	50.0		102	40-140			
Benzo(g,h,i)perylene (SIM)	48.3	10	µg/L	50.0		96.6	40-140			
Benzo(k)fluoranthene (SIM)	50.7	4.0	µg/L	50.0		101	40-140			
Chrysene (SIM)	47.3	4.0	µg/L	50.0		94.6	40-140			
Dibenz(a,h)anthracene (SIM)	48.7	2.0	µg/L	50.0		97.4	40-140			
Fluoranthene (SIM)	48.6	10	µg/L	50.0		97.2	40-140			
Fluorene (SIM)	47.0	20	µg/L	50.0		93.9	40-140			
Indeno(1,2,3-cd)pyrene (SIM)	49.6	2.0	µg/L	50.0		99.2	40-140			
2-Methylnaphthalene (SIM)	45.2	20	µg/L	50.0		90.5	40-140			
Naphthalene (SIM)	42.0	20	µg/L	50.0		84.0	40-140			
Phenanthrene (SIM)	47.1	1.0	µg/L	50.0		94.3	40-140			
Pyrene (SIM)	45.6	20	µg/L	50.0		91.2	40-140			
Surrogate: Nitrobenzene-d5	88.6		µg/L	100		88.6	30-130			
Surrogate: 2-Fluorobiphenyl	91.8		µg/L	100		91.8	30-130			
Surrogate: p-Terphenyl-d14	79.2		µg/L	100		79.2	30-130			

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QUALITY CONTROL

Semivolatile Organic Compounds by GC/MS - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255978 - SW-846 3510C</b>										
<b>LCS Dup (B255978-BSD1)</b>										
					Prepared: 04/08/20 Analyzed: 04/09/20					
Acenaphthene (SIM)	39.8	6.0	µg/L	50.0		79.6	40-140	12.4	20	
Acenaphthylene (SIM)	38.4	4.0	µg/L	50.0		76.9	40-140	13.1	20	
Anthracene (SIM)	43.2	4.0	µg/L	50.0		86.3	40-140	11.7	20	
Benzo(a)anthracene (SIM)	41.1	1.0	µg/L	50.0		82.1	40-140	11.1	20	
Benzo(a)pyrene (SIM)	42.8	2.0	µg/L	50.0		85.5	40-140	11.5	20	
Benzo(b)fluoranthene (SIM)	45.9	1.0	µg/L	50.0		91.7	40-140	11.1	20	
Benzo(g,h,i)perylene (SIM)	43.3	10	µg/L	50.0		86.6	40-140	10.9	20	
Benzo(k)fluoranthene (SIM)	45.2	4.0	µg/L	50.0		90.4	40-140	11.5	20	
Chrysene (SIM)	42.5	4.0	µg/L	50.0		85.0	40-140	10.6	20	
Dibenz(a,h)anthracene (SIM)	43.6	2.0	µg/L	50.0		87.2	40-140	11.0	20	
Fluoranthene (SIM)	43.3	10	µg/L	50.0		86.5	40-140	11.6	20	
Fluorene (SIM)	41.5	20	µg/L	50.0		83.1	40-140	12.2	20	
Indeno(1,2,3-cd)pyrene (SIM)	44.5	2.0	µg/L	50.0		89.0	40-140	10.9	20	
2-Methylnaphthalene (SIM)	39.7	20	µg/L	50.0		79.5	40-140	12.9	20	
Naphthalene (SIM)	36.9	20	µg/L	50.0		73.7	40-140	13.1	20	
Phenanthrene (SIM)	42.0	1.0	µg/L	50.0		84.0	40-140	11.5	20	
Pyrene (SIM)	40.9	20	µg/L	50.0		81.8	40-140	10.8	20	
Surrogate: Nitrobenzene-d5	80.3		µg/L	100		80.3	30-130			
Surrogate: 2-Fluorobiphenyl	81.5		µg/L	100		81.5	30-130			
Surrogate: p-Terphenyl-d14	70.2		µg/L	100		70.2	30-130			



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QUALITY CONTROL

Petroleum Hydrocarbons Analyses - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255910 - SW-846 3510C</b>										
<b>Blank (B255910-BLK1)</b>										
					Prepared: 04/08/20 Analyzed: 04/09/20					
CT ETPH	ND	0.15	mg/L							
Surrogate: 2-Fluorobiphenyl	0.0671		mg/L	0.100		67.1	50-150			
<b>LCS (B255910-BS1)</b>										
					Prepared: 04/08/20 Analyzed: 04/09/20					
CT ETPH	0.674	0.15	mg/L	1.00		67.4	60-120			
Surrogate: 2-Fluorobiphenyl	0.0655		mg/L	0.100		65.5	50-150			
<b>LCS Dup (B255910-BSD1)</b>										
					Prepared: 04/08/20 Analyzed: 04/09/20					
CT ETPH	0.657	0.15	mg/L	1.00		65.7	60-120	2.48	30	
Surrogate: 2-Fluorobiphenyl	0.0613		mg/L	0.100		61.3	50-150			

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QUALITY CONTROL

Metals Analyses (Total) - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255770 - EPA 200.7</b>										
<b>Blank (B255770-BLK1)</b>										
Prepared: 04/06/20 Analyzed: 04/07/20										
Arsenic	ND	0.010	mg/L							
Barium	ND	0.050	mg/L							
Cadmium	ND	0.0040	mg/L							
Copper	ND	0.010	mg/L							
Iron	ND	0.050	mg/L							
Lead	ND	0.010	mg/L							
Zinc	ND	0.010	mg/L							
<b>LCS (B255770-BS1)</b>										
Prepared: 04/06/20 Analyzed: 04/07/20										
Arsenic	0.495	0.010	mg/L	0.500		99.0	85-115			
Barium	0.532	0.050	mg/L	0.500		106	85-115			
Cadmium	0.518	0.0040	mg/L	0.500		104	85-115			
Copper	1.02	0.010	mg/L	1.00		102	85-115			
Iron	4.11	0.050	mg/L	4.00		103	85-115			
Lead	0.529	0.010	mg/L	0.500		106	85-115			
Zinc	1.04	0.010	mg/L	1.00		104	85-115			
<b>LCS Dup (B255770-BSD1)</b>										
Prepared: 04/06/20 Analyzed: 04/07/20										
Arsenic	0.485	0.010	mg/L	0.500		97.0	85-115	2.12	20	
Barium	0.521	0.050	mg/L	0.500		104	85-115	1.96	20	
Cadmium	0.506	0.0040	mg/L	0.500		101	85-115	2.29	20	
Copper	0.994	0.010	mg/L	1.00		99.4	85-115	2.23	20	
Iron	4.05	0.050	mg/L	4.00		101	85-115	1.33	20	
Lead	0.519	0.010	mg/L	0.500		104	85-115	1.76	20	
Zinc	1.02	0.010	mg/L	1.00		102	85-115	2.09	20	
<b>Batch B255795 - EPA 245.1</b>										
<b>Blank (B255795-BLK1)</b>										
Prepared: 04/07/20 Analyzed: 04/08/20										
Mercury	ND	0.00010	mg/L							
<b>LCS (B255795-BS1)</b>										
Prepared: 04/07/20 Analyzed: 04/08/20										
Mercury	0.00418	0.00010	mg/L	0.00400		105	85-115			
<b>LCS Dup (B255795-BSD1)</b>										
Prepared: 04/07/20 Analyzed: 04/08/20										
Mercury	0.00406	0.00010	mg/L	0.00400		102	85-115	2.99	20	

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QUALITY CONTROL

Conventional Chemistry Parameters by EPA/APHA/SW-846 Methods (Total) - Quality Control

Analyte	Result	Reporting Limit	Units	Spike Level	Source Result	%REC	%REC Limits	RPD	RPD Limit	Notes
<b>Batch B255582 - EPA 300.0</b>										
<b>Blank (B255582-BLK1)</b> Prepared & Analyzed: 04/03/20										
Nitrate as N	ND	0.10	mg/L							
Nitrite as N	ND	0.100	mg/L							
<b>LCS (B255582-BS1)</b> Prepared & Analyzed: 04/03/20										
Nitrate as N	1.0		mg/L	1.00		103	90-110			
Nitrite as N	0.984		mg/L	1.00		98.4	90-110			
<b>LCS Dup (B255582-BSD1)</b> Prepared & Analyzed: 04/03/20										
Nitrate as N	1.0		mg/L	1.00		103	90-110	0.399	20	
Nitrite as N	0.983		mg/L	1.00		98.3	90-110	0.0305	20	
<b>Batch B255692 - SM21-22 2540D</b>										
<b>Blank (B255692-BLK1)</b> Prepared & Analyzed: 04/06/20										
Total Suspended Solids	ND	2.5	mg/L							
<b>LCS (B255692-BS1)</b> Prepared & Analyzed: 04/06/20										
Total Suspended Solids	182	10	mg/L	200		91.0	57.6-118			
<b>MRL Check (B255692-MRL1)</b> Prepared & Analyzed: 04/06/20										
Total Suspended Solids	4.00	5.0	mg/L	5.00		80.0	0-200			
<b>Batch B255702 - SM 21-22 4500 P E</b>										
<b>Blank (B255702-BLK1)</b> Prepared: 04/06/20 Analyzed: 04/07/20										
Phosphorus, Total	ND	0.050	mg/L							
<b>LCS (B255702-BS1)</b> Prepared: 04/06/20 Analyzed: 04/07/20										
Phosphorus, Total	0.29	0.050	mg/L	0.268		110	90-128			
<b>LCS Dup (B255702-BSD1)</b> Prepared: 04/06/20 Analyzed: 04/07/20										
Phosphorus, Total	0.30	0.050	mg/L	0.268		112	90-128	2.16	16.2	

## FLAG/QUALIFIER SUMMARY

*	QC result is outside of established limits.
†	Wide recovery limits established for difficult compound.
‡	Wide RPD limits established for difficult compound.
#	Data exceeded client recommended or regulatory level
ND	Not Detected
RL	Reporting Limit is at the level of quantitation (LOQ)
DL	Detection Limit is the lower limit of detection determined by the MDL study
MCL	Maximum Contaminant Level
	Percent recoveries and relative percent differences (RPDs) are determined by the software using values in the calculation which have not been rounded.
	No results have been blank subtracted unless specified in the case narrative section.
RL-12	Elevated reporting limit due to matrix interference.

**CERTIFICATIONS**

**Certified Analyses included in this Report**

Analyte	Certifications
<b>624.1 in Water</b>	
Benzene	CT,NY,MA,NH,RI,NC,ME,VA
Bromodichloromethane	CT,NY,MA,NH,RI,NC,ME,VA
Bromoform	CT,NY,MA,NH,RI,NC,ME,VA
Bromomethane	CT,NY,MA,NH,RI,NC,ME,VA
Carbon Tetrachloride	CT,NY,MA,NH,RI,NC,ME,VA
Chlorobenzene	CT,NY,MA,NH,RI,NC,ME,VA
Chlorodibromomethane	CT,NY,MA,NH,RI,NC,ME,VA
Chloroethane	CT,NY,MA,NH,RI,NC,ME,VA
Chloroform	CT,NY,MA,NH,RI,NC,ME,VA
Chloromethane	CT,NY,MA,NH,RI,NC,ME,VA
1,2-Dichlorobenzene	CT,NY,MA,NH,RI,NC,ME,VA
1,3-Dichlorobenzene	CT,NY,MA,NH,RI,NC,ME,VA
1,4-Dichlorobenzene	CT,NY,MA,NH,RI,NC,ME,VA
1,2-Dichloroethane	CT,NY,MA,NH,RI,NC,ME,VA
1,1-Dichloroethane	CT,NY,MA,NH,RI,NC,ME,VA
1,1-Dichloroethylene	CT,NY,MA,NH,RI,NC,ME,VA
trans-1,2-Dichloroethylene	CT,NY,MA,NH,RI,NC,ME,VA
1,2-Dichloropropane	CT,NY,MA,NH,RI,NC,ME,VA
cis-1,3-Dichloropropene	CT,NY,MA,NH,RI,NC,ME,VA
trans-1,3-Dichloropropene	CT,NY,MA,NH,RI,NC,ME,VA
Ethylbenzene	CT,NY,MA,NH,RI,NC,ME,VA
Methyl tert-Butyl Ether (MTBE)	NY,MA,NH,NC
Methylene Chloride	CT,NY,MA,NH,RI,NC,ME,VA
1,1,2,2-Tetrachloroethane	CT,NY,MA,NH,RI,NC,ME,VA
Tetrachloroethylene	CT,NY,MA,NH,RI,NC,ME,VA
Toluene	CT,NY,MA,NH,RI,NC,ME,VA
1,1,1-Trichloroethane	CT,NY,MA,NH,RI,NC,ME,VA
1,1,2-Trichloroethane	CT,NY,MA,NH,RI,NC,ME,VA
Trichloroethylene	CT,NY,MA,NH,RI,NC,ME,VA
Trichlorofluoromethane (Freon 11)	CT,NY,MA,NH,RI,NC,ME,VA
Vinyl Chloride	CT,NY,MA,NH,RI,NC,ME,VA
m+p Xylene	CT,NY,MA,NH,RI,NC
o-Xylene	CT,NY,MA,NH,RI,NC
<b>CTDEP ETPH in Soil</b>	
CT ETPH	CT
<b>CTDEP ETPH in Water</b>	
CT ETPH	CT
<b>EPA 200.7 in Water</b>	
Arsenic	CT,MA,NH,NY,RI,NC,ME,VA
Barium	NY,CT,NH,RI,NC,ME,VA
Cadmium	CT,MA,NH,NY,RI,NC,ME,VA
Copper	CT,MA,NH,NY,RI,NC,ME,VA
Iron	CT,MA,NH,NY,RI,NC,ME,VA
Lead	CT,MA,NH,NY,RI,NC,ME,VA
Zinc	CT,MA,NH,NY,RI,NC,ME,VA

**CERTIFICATIONS**

**Certified Analyses included in this Report**

Analyte	Certifications
<i>EPA 245.1 in Water</i>	
Mercury	CT,MA,NH,RI,NY,NC,ME,VA
<i>EPA 300.0 in Water</i>	
Nitrate as N	NC,NY,MA,VA,ME,NH,CT,RI
Nitrite as N	NY,NC,NH,VA,ME,CT,RI
<i>SM 21-22 4500 P E in Water</i>	
Phosphorus, Total	CT,MA,NH,NY,RI,NC,ME,VA
<i>SM19-22 4500-N Org B,C-NH3 C in Water</i>	
Total Kjeldahl Nitrogen	CT,MA,NH,NY,RI,NC,ME,VA
<i>SM21-22 2540D in Water</i>	
Total Suspended Solids	CT,MA,NH,NY,RI,NC,ME,VA

The CON-TEST Environmental Laboratory operates under the following certifications and accreditations:

Code	Description	Number	Expires
AIHA	AIHA-LAP, LLC - ISO17025:2017	100033	03/1/2022
MA	Massachusetts DEP	M-MA100	06/30/2020
CT	Connecticut Department of Public Health	PH-0567	09/30/2021
NY	New York State Department of Health	10899 NELAP	04/1/2021
NH-S	New Hampshire Environmental Lab	2516 NELAP	02/5/2021
RI	Rhode Island Department of Health	LAO00112	12/30/2020
NC	North Carolina Div. of Water Quality	652	12/31/2020
NJ	New Jersey DEP	MA007 NELAP	06/30/2020
FL	Florida Department of Health	E871027 NELAP	06/30/2020
VT	Vermont Department of Health Lead Laboratory	LL015036	07/30/2020
ME	State of Maine	2011028	06/9/2021
VA	Commonwealth of Virginia	460217	12/14/2020
NH-P	New Hampshire Environmental Lab	2557 NELAP	09/6/2020
VT-DW	Vermont Department of Health Drinking Water	VT-255716	06/12/2020
NC-DW	North Carolina Department of Health	25703	07/31/2020
PA	Commonwealth of Pennsylvania DEP	68-05812	06/30/2020



I Have Not Confirmed Sample Container Numbers With Lab Staff Before Relinquishing Over Samples \_\_\_\_\_



**con-test**  
ANALYTICAL LABORATORY

Doc# 277 Rev 5 2017

**Login Sample Receipt Checklist - (Rejection Criteria Listing - Using Acceptance Policy) Any False Statement will be brought to the attention of the Client - State True or False**

Client LRT

Received By OR Date 4/3/2020 Time 1230

How were the samples received? In Cooler T No Cooler \_\_\_\_\_ On Ice \_\_\_\_\_ No Ice T  
Direct from Sampling T Ambient \_\_\_\_\_ Melted Ice \_\_\_\_\_

Were samples within Temperature? 2-6°C F By Gun # 5 Actual Temp - 9.7  
By Blank # \_\_\_\_\_ Actual Temp - \_\_\_\_\_

Was Custody Seal intact? N/A Were Samples Tampered with? N/A  
Was COC Relinquished? T Does Chain Agree With Samples? T

Are there broken/leaking/loose caps on any samples? F

Is COC in ink/ Legible? T Were samples received within holding time? T

Did COC include all pertinent information? Client T Analysis T Sampler Name F  
Project F ID's T Collection Dates/Times T

Are Sample labels filled out and legible? T

Are there Lab to Filters? F

Are there Rushes? F

Are there Short Holds? T

Is there enough Volume? T

Is there Headspace where applicable? T

Proper Media/Containers Used? T

Were trip blanks received? F

Do all samples have the proper pH? \_\_\_\_\_

Who was notified? \_\_\_\_\_

Who was notified? \_\_\_\_\_

Who was notified? Katie

MS/MSD? F

Is splitting samples required? F

On COC? F

Acid pH less than 2 Base \_\_\_\_\_

Vials	#	Containers:	#		#		#
Unp-		1 Liter Amb.	<u>4</u>	1 Liter Plastic	<u>3</u>	16 oz Amb.	
HCL-	<u>3</u>	500 mL Amb.		500 mL Plastic	<u>1</u>	8oz Amb/Clear	
Meoh-		250 mL Amb.		250 mL Plastic	<u>4</u>	4oz Amb/Clear	
Bisulfate-		Flashpoint		Col./Bacteria		2oz Amb/Clear	
DI-		Other Glass		Other Plastic		Encore	
Thiosulfate-		SOC Kit		Plastic Bag		Frozen:	
Sulfuric-		Perchlorate		Ziplock			

**Unused Media**

Vials	#	Containers:	#		#		#
Unp-		1 Liter Amb.		1 Liter Plastic		16 oz Amb.	
HCL-		500 mL Amb.		500 mL Plastic		8oz Amb/Clear	
Meoh-		250 mL Amb.		250 mL Plastic		4oz Amb/Clear	
Bisulfate-		Col./Bacteria		Flashpoint		2oz Amb/Clear	
DI-		Other Plastic		Other Glass		Encore	
Thiosulfate-		SOC Kit		Plastic Bag		Frozen:	
Sulfuric-		Perchlorate		Ziplock			

Comments:



C:\MSDCHEM\4\DATA\D040920.SEC\D0409033.D

**CT ETPH DISCRIMINATION CHECK**

Data File Name D0409033.D  
 Data File Path C:\MSDCHEM\4\DATA\D040920.SEC\  
 Operator RDD  
 Date Acquired 4/9/1920 13:45  
 Acq. Method File EPH11D.M  
 Sample Name ETPH 1500  
 Instrument Name GCFID4

Name	Ret Time	Target Response	Average Response	*%D+/-20
C-9	1.59	10035992	11259159	11
C-10	2.25	10412052	11259159	8
C-12	3.19	10764969	11259159	4
C-14	3.90	11038524	11259159	2
C-16	4.51	11320186	11259159	-1
C-18	5.05	11632409	11259159	-3
C-20	5.64	11768337	11259159	-5
C-22	6.38	11896744	11259159	-6
C-24	7.21	12025546	11259159	-7
C-26	8.01	11956762	11259159	-6
C-28	8.75	11903953	11259159	-6
C-30	9.43	11704580	11259159	-4
C-32	10.07	11171385	11259159	1
C-34	10.66	10848426	11259159	4
C-36	11.23	10407512	11259159	8

**Samples**

20D0163-01  
 20D0170-01

\*One compound allowed %D&lt;/=50%

**Attachment I**

## Approval for Connection/Transport to a POTW

**Part 1:** The registrant must complete and sign Part 1.

**Part 2:** The form must then be submitted to the Publicly Owned Treatment Works (POTW, or sewage treatment plant) receiving the discharge for approval. Part 2 must be completed and signed by a responsible official of the POTW.

**Part 3:** Where a local sewer commission acts independently of the POTW (i.e. facilities that receive sewage from more than one town), the registrant **must also** have the local sewer commission approve the discharge. In this case, Part 3 must be completed and signed by a responsible official of the local sewer commission.

**Part 1: The facility listed in this Part is seeking Authority from the Department of Environmental Protection to discharge wastewater to the sanitary sewer, or for such discharge to be transported to the POTW.**

Facility Name: **Veolia Water North America**

Site Address: **1122 Universal Drive North**

City/Town: **North Haven, CT 06473**

Facility is requesting approval to (check one):

Connect to the Sanitary Sewer

Truck Transport to the POTW

Discharge volume will not exceed **144,000** gallons per day.

Type of Discharge:

Signature of Registrant

Date

**Part 2: To be completed by POTW (sewage treatment plant) receiving discharge whether by sewer line or truck transport:**

Name of Receiving POTW:

Address of POTW:

City/Town:

Approved by:

Signature

Date:

Name (please print)

Title

**Part 3--To be completed by Local Sewer Commission (if separate from POTW) when seeking approval for connection to the sanitary sewer:**

Local Sewer Commission:

Address:

City/Town:

Approved by:

Signature

Date:

Name (please print)

Title

Comments: