



Massachusetts Department of Environmental Protection

## **eDEP Transaction Copy**

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Username: **EBELAIR**

Transaction ID: **1325575**

Document: **Groundwater Discharge Monitoring Report Forms**

Size of File: **2193.83K**

Status of Transaction: **Submitted**

Date and Time Created: **12/21/2021:9:15:21 AM**

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## Groundwater Permit

### DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 1
3. Sampling Month & Frequency

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Facility Information

### 1. Facility name, address:

BROOK VILLAGE CONDO		
a. Name		
52 SWANSON COURT		
b. Street Address		
BOXBOROUGH	MA	01719
c. City	d. State	e. Zip Code

### 2. Contact information:

WARNER GUILD	
a. Name of Facility Contact Person	
5084351010	Warner@relprop.net
b. Telephone Number	c. e-mail address

### 3. Sampling information:

11/4/2021	RI ANALYTICAL
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
NICOLE SKYLES ON	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2021 Nov Weekly 1	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Groundwater Permit**  
DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 1
3. Sampling Month & Frequency

**D. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
FECAL COLIFORM		1620	10
/100 ML			



## Groundwater Permit

### DISCHARGE MONITORING REPORT

654  
1. Permit Number  
2. Tax identification Number  
2021 NOV WEEKLY 2  
3. Sampling Month & Frequency

## A. Facility Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility name, address:

BROOK VILLAGE CONDO

a. Name

52 SWANSON COURT

b. Street Address

BOXBOROUGH

c. City

MA

d. State

01719

e. Zip Code

2. Contact information:

WARNER GUILD

a. Name of Facility Contact Person

5084351010

b. Telephone Number

Warner@relprop.net

c. e-mail address

3. Sampling information:

11/12/2021

a. Date Sampled (mm/dd/yyyy)

RI ANALYTICAL

b. Laboratory Name

NICOLE SKYLES ON

c. Analysis Performed By (Name)

## B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2021 Nov Weekly 2

☐

All forms for submittal have been completed.

☐

2. This is the last selection.

☐

3. Delete the selected form.



**Groundwater Permit**  
DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 2
3. Sampling Month & Frequency

**D. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
FECAL COLIFORM		2	1
/100 ML			



## Groundwater Permit

### DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV MONTHLY
3. Sampling Month & Frequency

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## A. Facility Information

### 1. Facility name, address:

BROOK VILLAGE CONDO		
a. Name		
52 SWANSON COURT		
b. Street Address		
BOXBOROUGH	MA	01719
c. City	d. State	e. Zip Code

### 2. Contact information:

WARNER GUILD	
a. Name of Facility Contact Person	
5084351010	Warner@relprop.net
b. Telephone Number	c. e-mail address

### 3. Sampling information:

11/17/2021	RI ANALYTICAL
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
NICOLE SKYLESN	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2021 Nov Monthly	▼
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**Groundwater Permit**  
DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV MONTHLY
3. Sampling Month & Frequency

## D. Contaminant Analysis Information

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
BOD	ND	ND	8.0
MG/L			
TSS	100	8.0	2.0
MG/L			
TOTAL SOLIDS	1700	1600	10
MG/L			
AMMONIA-N	1.6		
MG/L			
NITRATE-N		0.23	0.050
MG/L			
TOTAL NITROGEN(NO3+NO2+TKN)	25	6.6	0.50
MG/L			
OIL & GREASE		0.97	0.50
MG/L			



## Groundwater Permit

### DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 3
3. Sampling Month & Frequency

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Facility Information

### 1. Facility name, address:

BROOK VILLAGE CONDO		
a. Name		
52 SWANSON COURT		
b. Street Address		
BOXBOROUGH	MA	01719
c. City	d. State	e. Zip Code

### 2. Contact information:

WARNER GUILD		
a. Name of Facility Contact Person		
5084351010	Warner@relprop.net	
b. Telephone Number	c. e-mail address	

### 3. Sampling information:

11/17/2021	RI ANALYTICAL
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
NICOLE SKYLES ON	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2021 Nov Weekly 3	▼
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☐ All forms for submittal have been completed.

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3. ☐ Delete the selected form.





**Groundwater Permit**  
DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 3
3. Sampling Month & Frequency

**D. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
FECAL COLIFORM		2610	1
/100 ML			



## Groundwater Permit

### DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 4
3. Sampling Month & Frequency

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



## A. Facility Information

### 1. Facility name, address:

BROOK VILLAGE CONDO		
a. Name		
52 SWANSON COURT		
b. Street Address		
BOXBOROUGH	MA	01719
c. City	d. State	e. Zip Code

### 2. Contact information:

WARNER GUILD	
a. Name of Facility Contact Person	
5084351010	Warner@relprop.net
b. Telephone Number	c. e-mail address

### 3. Sampling information:

11/22/2021	RI ANALYTICAL
a. Date Sampled (mm/dd/yyyy)	b. Laboratory Name
NICOLE SKYLES ON	
c. Analysis Performed By (Name)	

## B. Form Selection

### 1. Please select Form Type and Sampling Month & Frequency

Discharge Monitoring Report - 2021 Nov Weekly 4	▼
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☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



**Groundwater Permit**  
DISCHARGE MONITORING REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV WEEKLY 4
3. Sampling Month & Frequency

**D. Contaminant Analysis Information**

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled

1. Parameter/Contaminant	2. Influent	3. Effluent	4. Effluent Method
Units			Detection limit
FECAL COLIFORM		240	10
/100 ML			



## Groundwater Permit

### MONITORING WELL DATA REPORT

654
1. Permit Number
2. Tax identification Number
2021 NOV MONTHLY
3. Sampling Month & Frequency

## A. Facility Information

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility name, address:

BROOK VILLAGE CONDO

a. Name

52 SWANSON COURT

b. Street Address

BOXBOROUGH

c. City

MA

d. State

01719

e. Zip Code

2. Contact information:

WARNER GUILD

a. Name of Facility Contact Person

5084351010

b. Telephone Number

Warner@relprop.net

c. e-mail address

3. Sampling information:

11/1/2021

a. Date Sampled (mm/dd/yyyy)

WHITEWATER

b. Laboratory Name

RICHARD ST CYR

c. Analysis Performed By (Name)

## B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Monitoring Well Data Report - 2021 Nov Monthly

☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



## Groundwater Permit

### MONITORING WELL DATA REPORT

654

1. Permit Number

2. Tax identification Number

2021 NOV MONTHLY

3. Sampling Month & Frequency

## C. Contaminant Analysis Information

- For "0", below detection limit, less than (<) value, or not detected, enter "ND"
- TNTC = too numerous to count. (Fecal results only)
- NS = Not Sampled
- DRY = Not enough water in well to sample.

<

Parameter/Contaminant	MW1/RIZ2	MW2/RIZ1	MW3/RIZ3	MW4/RIZ4		
Units	Well #: 1	Well #: 2	Well #: 3	Well #: 4	Well #: 5	Well #: 6
PH	6.42	6.45	6.42	6.2		
S.U.						
STATIC WATER LEVEL	7.2	13.70	11.20	7.70		
FEET						
SPECIFIC CONDUCTANCE	287	1788	1525	1433		
UMHOS/C						



## Groundwater Permit

DAILY LOG SHEET

654
1. Permit Number
2. Tax identification Number
2021 NOV DAILY
3. Sampling Month & Frequency

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



### A. Facility Information

1. Facility name, address:

BROOK VILLAGE CONDO

a. Name

52 SWANSON COURT

b. Street Address

BOXBOROUGH

c. City

MA

d. State

01719

e. Zip Code

2. Contact information:

WARNER GUILD

a. Name of Facility Contact Person

5084351010

b. Telephone Number

Warner@relprop.net

c. e-mail address

3. Sampling information:

11/30/2021

a. Date Sampled (mm/dd/yyyy)

WHITEWATER

b. Laboratory Name

RICHARD ST CYR

c. Analysis Performed By (Name)

### B. Form Selection

1. Please select Form Type and Sampling Month & Frequency

Daily Log Sheet - 2021 Nov Daily

☐ All forms for submittal have been completed.

2. ☐ This is the last selection.

3. ☐ Delete the selected form.



## Groundwater Permit

DAILY LOG SHEET

654
1. Permit Number
2. Tax identification Number
2021 NOV DAILY
3. Sampling Month & Frequency

### C. Daily Readings/Analysis Information

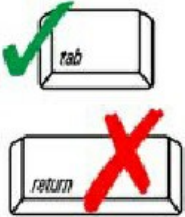
Date	Effluent Flow GPD	Reuse Flow GPD	Irrigation Flow GPD	Turbidity	Influent pH	Effluent pH	Chlorine Residual (mg/l)	UV Intensity (%)
1	29943					7.1		92
2	10279					7.1		82
3	24176					7.0		100
4	19472					7.0		93
5	19472					7.1		81
6	19472							
7	19472							
8	19178					7.0		85
9	16526					7.1		74
10	434					7.1		62
11	13557					7.0		78
12	14804					7.1		73
13	14804							
14	14804							
15	20210					7.2		60
16	24221					7.2		54
17	12639					7.0		54
18	20630					7.1		54
19	15863					7.0		46
20	15863							
21	15863							
22	15104					7.2		37
23	23613					7.2		43
24	15990					7.2		41
25	15990							
26	18949					7.2		30
27	18949							
28	18949							
29	18975					7.1		30
30	19251					7.1		33
31								



## Groundwater Permit

654  
1. Permit Number  
2. Tax identification Number

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Any person signing a document under 314 CMR 5.14(1) or (2) shall make the following certification

If you are filing electronic-ally and want to attach additional comments, select the check box.



### Facility Information

BROOK VILLAGE CONDO  
a. Name  
52 SWANSON COURT  
b. Street Address  
BOXBOROUGH MA 01719  
c. City d. State e. Zip Code

### Certification

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

ELIZABETH BELAIR 12/20/2021  
a. Signature b. Date (mm/dd/yyyy)

### Reporting Package Comments

FACILITY WAS NOT IN FULL COMPLIANCE WITH ALL PERMIT REQUIREMENTS FOR THE MONTH: FECAL EXCEEDED PERMIT LIMITS DUE TO POOR NITRIFICATION AND SOLIDS. FRMA HAS BEEN ASKED TO VISIT AND EVALUATE SYSTEM, INCLUDING REVIEWING V-REGISTER VALUES. PUMPING & HAULING:27,500