
EXHIBIT O1

**DISCHARGE MONITORING REPORTS –
MEDIA WASTEWATER TREATMENT FACILITY (2012 - 2016)**



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2012	01	01		2012	01	31

Report Frequency: Monthly
 Monitoring Period: 01/01/2012 - 01/31/2012
 Submitted By: _____
 Submit Date: 02/27/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.8			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.3		8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	258.6	359.9	lbs/day		16.1	23	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	450	675				30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	19.9		lbs/day		1.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	90					6.0			2/week
Flow	SAMPLE MEASUREMENT	1.9499	2.406	MGD					Continuous	Measured
	PERMIT MEASUREMENT									Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.1	.024	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					5		CFU/100 ml	Continuous	Measured
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	149.8 Avg Mo	195.4 Wkly Avg	lbs/day		9.1 Avg Mo	11.7 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/11/2015 10:53:08 PM	Supplementals
media.pdf	Legacy Document	12/11/2015 10:54:23 PM	Supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).			TELEPHONE		DATE		
						2012	02	27
		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

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 FACILITY AQUA PA MEDIA STP
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 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	02	01	FROM	2012	02	29
			TO			

Report Frequency: Monthly
 Monitoring Period: 02/01/2012 - 02/29/2012
 Submitted By: _____
 Submit Date: 03/23/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				5.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.5		8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	237.1	339.9	lbs/day		17.4	24.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	450	675			30	45		2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	9.4		lbs/day		.7		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	90				6.0			2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.6723	2.117	MGD					Continuous	Measured
	PERMIT MEASUREMENT								Continuous	Measured
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.09	.22	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.3	1.0		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					2		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200			2/week	Grab



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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	113.1 Avg Mo	166.3 Wkly Avg	lbs/day		8.3 Avg Mo	12 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media 0024121.pdf	Legacy Document	12/11/2015 10:56:01 PM	LAB ACCREDITATION AND SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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					2012	03	23
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



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 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	03	01	TO	2012	03	31

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 03/01/2012 - 03/31/2012
 Submitted By: _____
 Submit Date: 04/27/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				5.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.1		7.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	219.2	236.3	lbs/day		15.8	17.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg						2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	6		lbs/day		.4		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					6.0			2/week
Flow	SAMPLE MEASUREMENT	1,6634	1,783	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.12	.33	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					1		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab
						200				



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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	77.2 Avg Mo	92.8 Wkly Avg	lbs/day		5.6 Avg Mo	6.8 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media 0024121.pdf	Legacy Document	12/11/2015 8:28:07 PM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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			AREA CODE	NUMBER	YEAR	MO	DAY
					2012	04	27



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	04	01	TO	2012	04	30

Report Frequency: Monthly
 Monitoring Period: 04/01/2012 - 04/30/2012
 Submitted By: _____
 Submit Date: 05/24/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.6			mg/L	1/day	Grab
	PERMIT MEASUREMENT				5.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	313.1	484.2	lbs/day		23.9	38	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	450	675			30	45		2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	27.8		lbs/day		2.1		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	90				6.0			2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.6149	2.055	MGD					Continuous	Measured
	PERMIT MEASUREMENT									Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.1	.34	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.3	1.0		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					8		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200			2/week	Grab

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 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	81.8 Avg Mo	106.4 Wkly Avg	lbs/day		6.1 Avg Mo	8.3 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/11/2015 11:05:40 PM	LAB ACCREDITATION AND SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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		AREA CODE	NUMBER	YEAR	MO	DAY
				2012	05	24
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121		001				
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER		DISCHARGE NUMBER				
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	12	04	01		12	04	30

County: Delaware

Fecal Coliform

Explanations: We realized an excursion for fecal coliform instantaneous max for the samples of April 23. We feel this to be a onetime spike as the plant performance in past lab testing does not indicate any trends/issues as related to fecal coliform limits. The remaining fecal results were far below permit limits.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121		001
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	12	04	01
		TO	YEAR
			MO
			DAY
			12
			04
			30

NOTE: A Blank value for a parameter Indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	Ammonia (NH3) as Nitrogen
4/2/2012 8:00:00 AM	29.0000	15.0000	7.5000	0.1400
4/5/2012 8:00:00 AM	18.0000	2.0000	5.1000	5.1000
4/9/2012 8:00:00 AM	6.0000	1.0000	4.8000	0.2300
4/12/2012 8:00:00 AM	18.0000	5.0000	4.9000	0.1600
4/16/2012 7:30:00 AM	18.0000	5.0000	5.3000	0.8700
4/19/2012 7:30:00 AM	38.0000	3.0000	6.9000	0.1400
4/23/2012 8:00:00 AM	45.0000	2320.0000	12.0000	0.1600
4/25/2012 8:00:00 AM		5.0000		
4/26/2012 8:00:00 AM	31.0000	5.0000	4.6000	0.2300
4/27/2012 8:00:00 AM		5.0000		
4/30/2012 8:00:00 AM	12.0000	20.0000	4.0000	12.0000



Aqua Pennsylvania, Inc.
762 W. Lancaster Avenue
Bryn Mawr, PA 19010

www.aquapennsylvania.com

May 1, 2012

Environmental Protection Agency
Region III
1650 Arch Street
Mail Code 3WP31
Philadelphia, Pa. 19103-2029

Re: Discharge Monitoring Report
NPDES#PA0024121
Media WWTP

To Whom It May Concern:

Enclosed please find the Discharge Monitoring Report for the month of April 2012.

We realized an excursion for fecal coliform instantaneous max for the samples of April 23. We feel this to be a onetime spike as the plant performance in past lab testing does not indicate any trends/issues as related to fecal coliform limits. The remaining fecal results were far below permit limits.

If you have any questions or concerns regarding these reports please call me at (610) 645-4215.

Sincerely



Thomas Cicala
Superintendent, Wastewater Operations



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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PERMITEE NAME/ADDRESS

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 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	05	01	TO	2012	05	31

Report Frequency: Monthly
 Monitoring Period: 05/01/2012 - 05/31/2012
 Submitted By: _____
 Submit Date: 06/22/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.3		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	277.5	473.4	lbs/day		21.3	34.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg		450	675	30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	3.3		lbs/day		.3		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			30		2.0			2/week
Flow	SAMPLE MEASUREMENT	1.5412	1.981	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Measured
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.21	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1/day
Fecal Coliform	SAMPLE MEASUREMENT					14		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			200	2/week



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DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	66.5 Avg Mo	79.7 Wkly Avg	lbs/day		5.2 Avg Mo	5.8 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media.pdf	Legacy Document	12/11/2015 11:43:42 PM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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					2012	06	22
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



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BUREAU OF CLEAN WATER

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 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	06	01	FROM	2012	06	30
			TO			

Report Frequency: Monthly
 Monitoring Period: 06/01/2012 - 06/30/2012
 Submitted By: _____
 Submit Date: 07/27/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				5.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.7		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	150.2	256.4	lbs/day		13.7	21.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	450	675			30	45		2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.2		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	30				2.0			2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2939	1.569	MGD					Continuous	Measured
	PERMIT MEASUREMENT								Continuous	Measured
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.12	.22	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.3	1.0		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					18		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200			2/week	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	49.7 Avg Mo	65.5 Wkly Avg	lbs/day		4.6 Avg Mo	5.9 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA 0024121.PDF	Legacy Document	12/11/2015 11:48:51 PM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		TELEPHONE		DATE		
					2012	07	27
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2012	07	01	TO	2012	07	31

Report Frequency: Monthly
 Monitoring Period: 07/01/2012 - 07/31/2012
 Submitted By: _____
 Submit Date: 08/28/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.8			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.8		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	77.9	113.9	lbs/day		7.5	11	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg							2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	1.9		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo							2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2227	1.339	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Measured
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.17	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					4		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD ₅)	SAMPLE MEASUREMENT	32.2 Avg Mo	45.4 Wkly Avg	lbs/day		3.1 Avg Mo	4.3 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media 0024121.pdf	Legacy Document	12/11/2015 11:54:34 PM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		TELEPHONE		DATE		
					2012	08	28
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2012	08	01		2012	08	31

Report Frequency: Monthly
 Monitoring Period: 08/01/2012 - 08/31/2012
 Submitted By: _____
 Submit Date: 09/21/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.9		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	109.9	145.7	lbs/day		10.4	13.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg							2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	1.6		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo								2/week
Flow	SAMPLE MEASUREMENT	1.2803	1.523	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.07	.09	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					11		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	31.1 Avg Mo	35.8 Wkly Avg	lbs/day		2.9 Avg Mo	3.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/11/2015 11:57:09 PM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2012	09	21



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	09	01	TO	2012	09	30

Report Frequency: Monthly
 Monitoring Period: 09/01/2012 - 09/30/2012
 Submitted By: _____
 Submit Date: 10/26/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.9			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.9		8.3	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	173.2	217	lbs/day		15.1	18	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.3		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					2.0			2/week
Flow	SAMPLE MEASUREMENT	1.3538	1.783	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.08	.15	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					17		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab
						200				

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	36.4 Avg Mo	41.3 Wkly Avg	lbs/day		3.2 Avg Mo	3.7 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media.pdf	Legacy Document	12/12/2015 12:05:55 AM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2012	10	26

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121				001		
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	12	09	01		12	09	30

County: Delaware

Fecal Coliform

Explanations: We realized and excursion for Fecal Coliform Instantaneous Max with the sample of 9/24 with a level of 3550. The result was due to a malfunction of the chlorine analyzer. The service technicians were called out and the sensor head and ejector were replced. Normal operations were restored.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121				001		
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	12	09	01		12	09	30

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	Ammonia (NH3) as Nitrogen
9/4/2012 8:00:00 AM	19.0000	3.0000	3.3000	0.1000
9/6/2012 8:00:00 AM	14.0000	7.0000	3.1000	0.2200
9/10/2012 8:00:00 AM	18.0000	7.0000	3.1000	0.6300
9/13/2012 7:30:00 AM	18.0000	7.0000	3.2000	0.1600
9/17/2012 8:00:00 AM	14.0000	78.0000	4.1000	0.2800
9/20/2012 8:00:00 AM	15.0000	8.0000	3.3000	0.1100
9/24/2012 8:00:00 AM	15.0000	3550.0000	3.0000	0.1000
9/27/2012 8:00:00 AM	7.6000	3.0000	2.3000	0.1000



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2012	10	01		2012	10	31

Report Frequency: Monthly
 Monitoring Period: 10/01/2012 - 10/31/2012
 Submitted By: _____
 Submit Date: 11/26/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.3			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.8		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	203.5	420.4	lbs/day		14.6	17	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg						2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	7.7		lbs/day		.6		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo							2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1,544.2	2,965	MGD					Continuous	Measured
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Measured
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.06	.12	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Fecal Coliform	SAMPLE MEASUREMENT					32		CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					Geo Mean			2/week	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	58.5 Avg Mo	123.6 Wkly Avg	lbs/day		4.2 Avg Mo	5.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 12:10:36 AM	Supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2012	11	26



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2012	11	01	TO	2012	11	30

Report Frequency: Monthly
 Monitoring Period: 11/01/2012 - 11/30/2012
 Submitted By: _____
 Submit Date: 12/28/2012
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.8		7.5	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	364.1	585	lbs/day		31.7	50.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg			Avg Mo	Wkly Avg			2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	8.3		lbs/day		.7		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo				Avg Mo				2/week
Copper, Total	SAMPLE MEASUREMENT					.038		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.3696	1.56	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.06	.11	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
						.3	1.0		1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	96 Avg Mo	150.3 Wkly Avg	lbs/day		8.4 Avg Mo	13 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 12:17:56 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	11/01/2012	11/30/2012	CONDI	Total Suspended Solids	3	Average Monthly	31.7	30	mg/L	mg/L
PA0024121	001	11/01/2012	11/30/2012	CONDI	Total Suspended Solids	3	Weekly Average	50.5	45	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2012	12	28
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

**SUPPLEMENT SHEET FOR
 EXCURSION EXPLANATION**

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121				001		
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	12	11	01		12	11	30

County: Delaware

Total Suspended Solids

Explanations: Due to a malfunctioning traveling bridge on clarifier #1 and a partial blockage in the return system, solids were passing into the effluent and creating a high T.S.S. condition. The bridge has been repaired and the blockage cleared and are now functioning normally.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121		001
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	12	11	01
		TO	YEAR MO DAY
			12 11 30

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	Ammonia (NH3) as Nitrogen
11/2/2012 8:00:00 AM	27.0000	530.0000	7.8000	0.2000
11/6/2012 8:00:00 AM	18.0000	20.0000	6.9000	0.1000
11/8/2012 8:00:00 AM	30.0000	270.0000	6.3000	0.1400
11/12/2012 8:00:00 AM	35.0000	260.0000	6.5000	0.6900
11/15/2012 7:30:00 AM	19.0000	40.0000	5.4000	0.3000
11/19/2012 7:10:00 AM	40.0000	1.0000	11.0000	2.9000
11/21/2012 7:30:00 AM	61.0000		15.0000	1.5000
11/26/2012 8:00:00 AM	20.0000	11.0000	6.8000	0.5900
11/27/2012 8:00:00 AM		6.0000		
11/28/2012 8:00:00 AM		390.0000		
11/29/2012 8:00:00 AM	35.0000	29.0000	9.6000	0.1000



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2012	12	01		2012	12	31

Report Frequency: Monthly
 Monitoring Period: 12/01/2012 - 12/31/2012
 Submitted By: _____
 Submit Date: 01/28/2013
 Stage: Final Effluent
 Check here if No Discharge

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				5.2				1/day	Grab
	PERMIT MEASUREMENT				Inst Min			mg/L	1/day	Grab
pH	SAMPLE MEASUREMENT				6.8		7.4		1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX	S.U.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	497.2	687.1			40.5	57.5		2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg	lbs/day		Avg Mo	Wkly Avg	mg/L	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	7.4				.6			2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo		lbs/day		Avg Mo		mg/L	2/week	24-Hr Composite
Copper, Total	SAMPLE MEASUREMENT					.054			1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo		mg/L	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.4123	1.756						Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max	MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.16	.45		1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX	mg/L	1/day	Grab

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	130.7 Avg Mo	177.9 Wkly Avg	lbs/day		10.7 Avg Mo	14.8 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media.pdf	Legacy Document	12/12/2015 12:19:36 AM	SUPPLEMENTALS
Media.pdf	Legacy Document	12/12/2015 1:26:50 AM	SUPPLEMENTALS
Revised Media Supplemental 0024121.pdf.pdf	Legacy Document	12/12/2015 12:19:36 AM	Revision to C12 results

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	12/01/2012	12/31/2012	CONDI	Total Suspended Solids	3	Average Monthly	497.2	450	lbs/day	lbs/day
PA0024121	001	12/01/2012	12/31/2012	CONDI	Total Suspended Solids	3	Weekly Average	687.1	675	lbs/day	lbs/day
PA0024121	001	12/01/2012	12/31/2012	CONDI	Total Suspended Solids	3	Average Monthly	40.5	30	mg/L	mg/L
PA0024121	001	12/01/2012	12/31/2012	CONDI	Total Suspended Solids	3	Weekly Average	57.5	45	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	01	28
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121				001		
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	12	12	01		12	12	31

County: Delaware

Total Suspended Solids

Explanations: Due to storms, some of which contained very high winds which compounded our problems with falling and blowing leaves into tanks, troughs, and flow channels and blocking or slowing the flow through them which caused a build up of foam and solids on the tanks, clarifier #1 was getting a layer of solids which had to be cleared off by hosing off the tank thus causing solids to pass into the effluent and creating the high T.S.S. condition. Now with better weather conditions these conditions have returned to normal.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

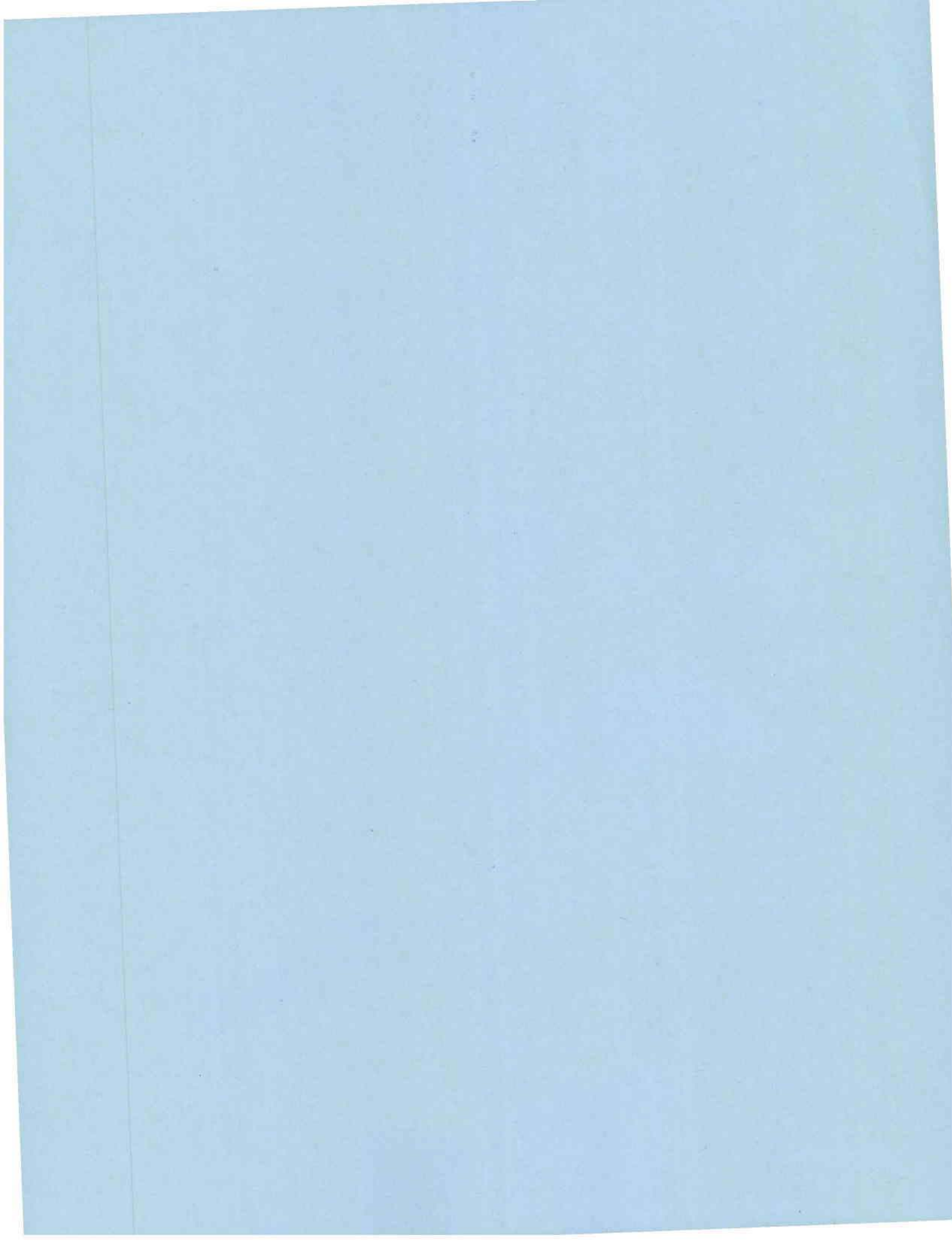
Primary Facility: Media Borough STP	PA0024121		001
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	12	12	01
		TO	YEAR MO DAY
			12 12 31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	Ammonia (NH3) as Nitroaen	Total Copper
12/3/2012 8:00:00 AM	75.0000		15.0000	0.8900	0.0540
12/6/2012 7:15:00 AM	19.0000	25.0000	6.6000	0.1000	
12/7/2012 7:20:00 AM		20.0000			
12/10/2012 8:00:00 AM	19.0000	11.0000	7.6000	0.2200	
12/11/2012 8:00:00 AM		7.0000			
12/12/2012 8:00:00 AM		22.0000			
12/13/2012 8:00:00 AM	96.0000	74.0000	22.0000	1.1000	
12/17/2012 8:00:00 AM	60.0000	3.0000	16.0000	2.0000	
12/20/2012 8:00:00 AM	24.0000	1.0000	5.7000	0.1400	
12/26/2012 7:05:00 AM	13.0000	4.0000	4.9000	0.1600	
12/28/2012 7:20:00 AM	18.0000	5.0000	7.4000	0.1000	





COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	01	01	TO	2013	01	31

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 01/01/2013 - 01/31/2013
 Submitted By: _____
 Submit Date: 02/28/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dissolved Oxygen	SAMPLE MEASUREMENT				7.8				mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min					1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7.3	S.U.	1/day	Grab	
	PERMIT MEASUREMENT				Inst Min		IMAX				
Total Suspended Solids	SAMPLE MEASUREMENT	267.3	450.7	lbs/day		25	40	mg/L	2/week	24-Hr Composite	
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg			Avg Mo	Wkly Avg				
Ammonia-Nitrogen	SAMPLE MEASUREMENT	4.1		lbs/day		.4		mg/L	2/week	24-Hr Composite	
	PERMIT MEASUREMENT	Avg Mo				Avg Mo					
Copper, Total	SAMPLE MEASUREMENT					.04		mg/L	1/year	Grab	
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	1.2908	1.67	MGD					Continuous	Metered	
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.16	.49	mg/L	1/day	Grab	
	PERMIT MEASUREMENT					Avg Mo	IMAX				
						.3	1.0		1/day	Grab	

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	77.5 Avg Mo	128.4 Wkly Avg	lbs/day		7.3 Avg Mo	11.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.PDF	Legacy Document	12/12/2015 1:29:57 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2013	02	28



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

Report Frequency: Monthly
 Monitoring Period: 02/01/2013 - 02/28/2013
 Submitted By: _____
 Submit Date: 03/22/2013
 Stage: Final Effluent
 Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	02	01	FROM	2013	02	28
			TO			

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				9.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.5		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	245.1	375.4	lbs/day		22.3	35	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	4.9		lbs/day		.4		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					6.0			2/week
Copper, Total	SAMPLE MEASUREMENT					.04		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT						Avg Mo			1/month
Flow	SAMPLE MEASUREMENT	1.0319	1.47	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.14	.51	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	1/day
						.3	1.0		1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	77.5 Avg Mo	91.7 Wkly Avg	lbs/day		7.1 Avg Mo	8.5 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 1:33:53 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2013	03	22



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2013	03	01		2013	03	31

Report Frequency: Monthly
 Monitoring Period: 03/01/2013 - 03/31/2013
 Submitted By: _____
 Submit Date: 04/26/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.6		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	317.7	378.6	lbs/day		27.9	32	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wldy Avg				Wkly Avg			2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	14.3		lbs/day		1.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2/week
Copper, Total	SAMPLE MEASUREMENT					.06		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.3437	1.679	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.1	.26	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	103.2 Avg Mo	114.4 Wkly Avg	lbs/day		9 Avg Mo	9.3 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 1:40:17 AM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).			TELEPHONE		DATE		
						2013	04	26
		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	04	01	FROM	2013	04	30
			TO			

Report Frequency: Monthly
 Monitoring Period: 04/01/2013 - 04/30/2013
 Submitted By: _____
 Submit Date: 05/24/2013
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.2		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	273.9	364.3	lbs/day		23	28	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg			Avg Mo	Wkly Avg		30	45
Ammonia-Nitrogen	SAMPLE MEASUREMENT	8.4		lbs/day		.7		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					6.0			2/week
Copper, Total	SAMPLE MEASUREMENT					.05		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.4191	1.68	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.46	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1/day



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	95.3 Avg Mo	138.7 Wkly Avg	lbs/day		8.1 Avg Mo	12.2 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.PDF	Legacy Document	12/12/2015 1:44:46 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2013	05	24



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

Report Frequency: Monthly
 Monitoring Period: 05/01/2013 - 05/31/2013
 Submitted By: _____
 Submit Date: 06/21/2013
 Stage: Final Effluent
 Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	05	01	FROM	2013	05	31
			TO			

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.5		7.1	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	293.9	407.9	lbs/day		25.4	35	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.5		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			
Copper, Total	SAMPLE MEASUREMENT					.05		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT						Avg Mo			
Flow	SAMPLE MEASUREMENT	1.3632	1.622	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.23	.7	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	
						.3	1.0			



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	82 Avg Mo	99.5 Wkly Avg	lbs/day		7.1 Avg Mo	8.5 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375		15	25	2/week		24-Hr Composite	
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 1:47:14 AM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		TELEPHONE		DATE		
					2013	06	21
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	06	01	TO	2013	06	30

Report Frequency: Monthly
 Monitoring Period: 06/01/2013 - 06/30/2013
 Submitted By: _____
 Submit Date: 07/26/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				5.6			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7.1	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	365.5	514.3	lbs/day		26.5	36.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	3.1		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2/week
Copper, Total	SAMPLE MEASUREMENT					.09		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.6058	2.907	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.17	.64	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	82.8 Avg Mo	110.9 Wkly Avg	lbs/day		6 Avg Mo	8 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 1:55:47 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		TELEPHONE		DATE		
					2013	07	26
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2013	07	01		2013	07	31

Report Frequency: Monthly
 Monitoring Period: 07/01/2013 - 07/31/2013
 Submitted By: _____
 Submit Date: 08/27/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				5.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.7		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	190.5	270.3	lbs/day		15.7	22.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.7		lbs/day		.2		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2.0
Copper, Total	SAMPLE MEASUREMENT					.05		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo				1/month
Flow	SAMPLE MEASUREMENT	1.4177	2.366	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.27	.88	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1.0

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	42.6 Avg Mo	53.4 Wkly Avg	lbs/day		3.5 Avg Mo	4.5 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media 0024121.pdf	Legacy Document	12/12/2015 2:55:19 AM	supplementals

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		TELEPHONE		DATE		
					2013	08	27
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	08	01	TO	2013	08	31

Report Frequency: Monthly
 Monitoring Period: 08/01/2013 - 08/31/2013
 Submitted By: _____
 Submit Date: 09/23/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.7		7.3	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	205.7	264.1	lbs/day		18.2	24.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	1.4		lbs/day		.1		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2.0
Copper, Total	SAMPLE MEASUREMENT					.05		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo				1/month
Flow	SAMPLE MEASUREMENT	1.3215	1.799	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.34	.81	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1.0



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	34.6 Avg Mo	37.1 Wkly Avg	lbs/day		3 Avg Mo	3.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.PDF	Legacy Document	12/12/2015 2:58:44 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	08/01/2013	08/31/2013	CONDI	Total Residual Chlorine (TRC)	3	Average Monthly	.34	0.30	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	09	23
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	13	08	01		13	08	31

County: Delaware

Total Residual Chlorine

Explanations: High residual reading were recorded for the first early morning reading during low flow conditions from the night before which would cause the CCT to get a high residual from not getting flushed out with flow. We are working on a new recirculated water foam spray system which has also helped to flush out the CCT and our early readings have now come down, we continue to monitor this situation.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Media Borough STP	PA0024121 (B)	001
Client: Little Washington Wastewater Company	PERMIT NUMBER	DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD	
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO
Municipality: Upper Providence Township	DAY	TO
County: Delaware	13	08
	01	YEAR
		MO
		DAY
	13	08
		31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent pH	Effluent Dissolved	Effluent CL2	Air Temperature	Precipitation
8/1/2013 7:00:00 AM	1710000	4464958.0000	6.9500	7.1700	0.1800	72	0.1
8/2/2013 7:00:00 AM	1345000	4466668.0000	6.9900	7.2400	0.1100	72	1.3
8/3/2013 7:00:00 AM	1301000	4468013.0000	6.8900	7.0000	0.3400	73	0.0
8/4/2013 7:00:00 AM	1257000	4469314.0000	6.8200	7.0200	0.2000	66	0.0
8/5/2013 7:00:00 AM	1273000	4470571.0000	6.9300	7.1300	0.1000	64	0.0
8/6/2013 7:00:00 AM	1347000	4471844.0000	6.8600	7.4200	0.0900	70	0.0
8/7/2013 7:00:00 AM	1337000	4473191.0000	6.7700	7.3700	0.1100	70	0.0
8/8/2013 7:00:00 AM	1401000	4474528.0000	6.8200	7.1400	0.7300	73	0.1
8/9/2013 7:00:00 AM	1501000	4475929.0000	6.8200	6.9300	0.8100	74	0.0
8/10/2013 7:00:00 AM	1261000	4477430.0000	6.7800	6.6600	0.7200	74	1.1
8/11/2013 7:00:00 AM	1254000	4478691.0000	6.9900	7.0400	0.6800	72	0.0
8/12/2013 7:00:00 AM	1294000	4479945.0000	7.2300	6.9200	0.4600	72	0.0
8/13/2013 7:00:00 AM	1799000	4481239.0000	7.1700	6.4900	0.1900	76	0.2
8/14/2013 7:00:00 AM	1306000	4483038.0000	7.1800	6.8800	0.4100	64	1.8
8/15/2013 7:00:00 AM	1288000	4484344.0000	6.8500	7.4600	0.6900	58	0.0
8/16/2013 7:00:00 AM	1271000	4485632.0000	6.9000	7.5800	0.0900	66	0.0
8/17/2013 7:00:00 AM	1231000	4486903.0000	6.9300	7.1400	0.1500	60	0.0
8/18/2013 7:00:00 AM	1290000	4488134.0000	7.3000	7.1900	0.6600	65	0.1
8/19/2013 7:00:00 AM	1271000	4489424.0000	7.0500	7.0300	0.1900	66	0.0
8/20/2013 7:00:00 AM	1273000	4490695.0000	7.1400	7.2700	0.1800	66	0.0
8/21/2013 7:00:00 AM	1260000	4491968.0000	6.9300	7.0700	0.0700	72	0.0
8/22/2013 7:00:00 AM	1313000	4493228.0000	7.0200	7.7900	0.1200	73	0.0

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Media Borough STP	PA0024121 (B)			001			
Client: Little Washington Wastewater Company	PERMIT NUMBER			DISCHARGE NUMBER			
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	13	08	01		13	08	31
County: Delaware	FIELD AND WEATHER DATA						

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

Data Date	Daily Flow	Flowmeter Reading	Effluent pH	Effluent Dissolved	Effluent CL2	Air Temperature	Precipitation
8/23/2013 7:00:00 AM	1245000	4494541.0000	7.0500	7.8100	0.2300	72	0.0
8/24/2013 7:00:00 AM	1215000	4495786.0000	7.0700	8.1200	0.4700	66	0.0
8/25/2013 7:00:00 AM	1239000	4497001.0000	7.0500	8.1000	0.4900	61	0.0
8/26/2013 7:00:00 AM	1280000	4498240.0000	6.8400	8.1500	0.2100	65	0.0
8/27/2013 7:00:00 AM	1286000	4499520.0000	6.7700	7.9100	0.2000	68	0.0
8/28/2013 7:00:00 AM	1503000	4500806.0000	6.9700	7.8700	0.2900		
8/29/2013 7:00:00 AM	1258000	4502309.0000	6.9100	8.0200	0.3300	72	1.5
8/30/2013 7:00:00 AM	1184000	4503567.0000	6.7300	8.2100	0.4000	67	0.0
8/31/2013 7:00:00 AM	1175000	4504751.0000	7.0700	7.1500	0.5600	72	0.0



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	09	01	TO	2013	09	30

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 09/01/2013 - 09/30/2013
 Submitted By: _____
 Submit Date: 10/24/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.7		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	245.3	424.2	lbs/day		24.2	42	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	8		lbs/day		.8		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2.0
Copper, Total	SAMPLE MEASUREMENT					.07		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo				1/month
Flow	SAMPLE MEASUREMENT	1.251	1.762	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.25	.7	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1.0



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD ₅)	SAMPLE MEASUREMENT	45.1 Avg Mo	76.8 Wkly Avg	lbs/day		4.5 Avg Mo	7.6 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media.pdf	Legacy Document	12/12/2015 3:05:18 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	2013	10	24
			YEAR	MO	DAY		



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	10	01	FROM	2013	10	31
			TO			

Report Frequency: Monthly
 Monitoring Period: 10/01/2013 - 10/31/2013
 Submitted By: _____
 Submit Date: 11/27/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1				1/day	Grab
	PERMIT MEASUREMENT				Inst Min			mg/L		
pH	SAMPLE MEASUREMENT				6.6		7.2		1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX	S.U.		
Total Suspended Solids	SAMPLE MEASUREMENT	312	437.1			28.7	41.5		2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg	lbs/day		Avg Mo	Wkly Avg	mg/L		
Ammonia-Nitrogen	SAMPLE MEASUREMENT	4.7				.5			2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo		lbs/day		Avg Mo		mg/L		
Copper, Total	SAMPLE MEASUREMENT					.06			1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo		mg/L		
Flow	SAMPLE MEASUREMENT	1.2696	1.629						Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max	MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.16	.37		1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX	mg/L		
						.3	1.0		1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	57.6 Avg Mo	77.8 Wkly Avg	lbs/day		5.4 Avg Mo	7.6 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.PDF	Legacy Document	12/12/2015 3:12:38 AM	SUPP

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).			TELEPHONE		DATE		
						2013	11	27
		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	11	01	FROM	2013	11	30
			TO			

Report Frequency: Monthly
 Monitoring Period: 11/01/2013 - 11/30/2013
 Submitted By: _____
 Submit Date: 12/27/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.5		7.3	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	304.2	400.9	lbs/day		30.6	39.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.7		lbs/day		.3		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					6.0			2/week
Copper, Total	SAMPLE MEASUREMENT					.07		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2547	2.264	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.15	.58	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1/day
							1.0			

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					3 Geo Mean	220 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	75.4 Avg Mo	81.5 Wkly Avg	lbs/day		7.6 Avg Mo	8.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 3:19:00 AM	supplementals

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	11/01/2013	11/30/2013	CONDI	Total Suspended Solids	3	Average Monthly	30.6	30	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	12	27
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	13	11	01		13	11	30

County: Delaware

Total Suspended Solids

Explanations: Due to mechanical and electrical problems with the traveling bridge clarifiers which after repairs were made had to be cleared off using hoses causing excessive solids to pass over the weirs and into the effluent. Cold weather operations also contributes to these problems when temperatures drop below freezing. Since repairs to bridges and foam spray system reading are returning to normal limits.

PERMITTEE NAME/ADDRESS

(include Facility Name/Location if different)

**SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES**

Primary Facility: Media Borough STP	PA0024121 (B)		001
Client: Little Washington Wastewater Company	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	13	11	01
		TO	YEAR MO DAY
			13 11 30

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
11/4/2013 7:15:00 AM	42.0000	1.0000	8.2000	0.1000	0.0660
11/7/2013 7:25:00 AM	37.0000	1.0000	4.8000	0.1000	
11/11/2013 8:00:00 AM	22.0000	2.0000	7.7000	0.6500	
11/14/2013 8:00:00 AM	39.0000	220.0000	8.1000	0.1700	
11/18/2013 8:00:00 AM		1.0000			
11/19/2013 8:00:00 AM	26.0000		7.2000	0.4400	
11/21/2013 8:00:00 AM	33.0000	1.0000	9.5000	0.1000	
11/25/2013 7:20:00 AM	31.0000	2.0000	11.0000	0.3200	
11/29/2013 7:25:00 AM	15.0000	13.0000	4.5000	0.2600	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2013	12	01	FROM	2013	12	31
			TO			

Report Frequency: Monthly
 Monitoring Period: 12/01/2013 - 12/31/2013
 Submitted By: _____
 Submit Date: 01/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.8		6.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		9.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	267.4	267.4	lbs/day		36.7	38.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.4		lbs/day		.6		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			6.0
Copper, Total	SAMPLE MEASUREMENT					.07		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT						Avg Mo			
Flow	SAMPLE MEASUREMENT	1.2357	1.252	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.08	.08	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	.3

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					26 Geo Mean	550 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	98.7 Avg Mo	98.7 Wkly Avg	lbs/day		7.7 Avg Mo	7.7 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.pdf	Legacy Document	12/12/2015 3:27:03 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	12/01/2013	12/31/2013	CONDI	Total Suspended Solids	3	Average Monthly	36.7	30	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	01	28
		SUBMITTED BY FULL NAME		YEAR	MO	DAY

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	13	12	01		13	12	31

County: Delaware

Total Suspended Solids

Explanations: Mechanical and electrical problems coupled with extreme weather conditions and winter storms have given us operational problems with both traveling bridge clarifiers which required the tanks to be cleared off using hoses which caused excessive solids to pass over the weirs and into the effluent, we continue to fight these elements on a daily basis, but currently the bridge clarifiers are operating okay.

PERMITTEE NAME/ADDRESS
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

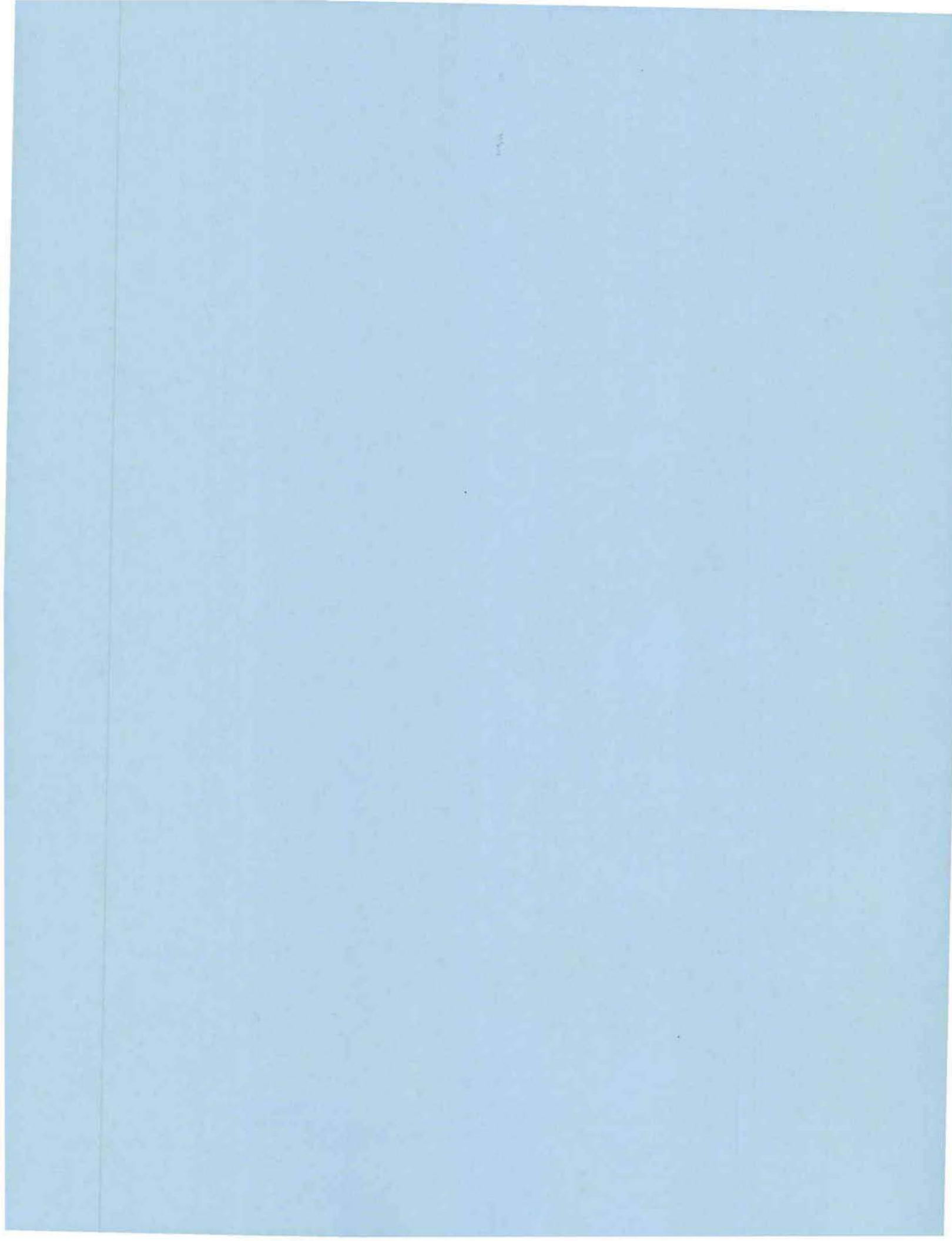
Primary Facility: Media Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	13	12	01		13	12	31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
12/2/2013 8:00:00 AM	26.0000	33.0000	9.6000	0.6900	0.0670
12/5/2013 8:00:00 AM	51.0000	1.0000	5.8000	0.2900	
12/9/2013 8:15:00 AM	33.0000	550.0000	14.0000	0.9100	
12/12/2013 8:00:00 AM	37.0000	6.0000	14.0000	0.1000	
12/16/2013 11:35:00 AM	49.0000	11.0000	13.0000	6.4000	
12/19/2013 7:30:00 AM	63.0000	820.0000	11.0000	1.2000	
12/23/2013 8:00:00 AM	17.0000	108.0000	5.8000	2.3000	
12/26/2013 7:35:00 AM	21.0000	7.0000	6.7000	0.2000	
12/27/2013 7:20:00 AM		5.0000			
12/30/2013 8:00:00 AM	18.0000	1.0000	10.0000	2.1000	





COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	01	01	TO	2014	01	31

Report Frequency: Monthly
 Monitoring Period: 01/01/2014 - 01/31/2014
 Submitted By: _____
 Submit Date: 02/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Dissolved Oxygen	SAMPLE MEASUREMENT				7				mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min					1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7.3		S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX			1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	424	888.8	lbs/day		38	83	mg/L	2/week	24-Hr Composite	
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg			Avg Mo	Wkly Avg			2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	25.3		lbs/day		2.3		mg/L	2/week	24-Hr Composite	
	PERMIT MEASUREMENT	90				6.0			2/week	24-Hr Composite	
Copper, Total	SAMPLE MEASUREMENT					.05		mg/L	1/month	24-Hr Composite	
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	1.3891	1.975	MGD					Continuous	Metered	
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered	
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.12	.27	mg/L	1/day	Grab	
	PERMIT MEASUREMENT					Avg Mo	IMAX			1/day	Grab



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					8 Geo Mean	690 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	159.4 Avg Mo	196.6 Wkly Avg	lbs/day		14.4 Avg Mo	18.3 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 3:33:43 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	01/01/2014	01/31/2014	CONDI	Total Suspended Solids	3	Weekly Average	888.8	675	lbs/day	lbs/day
PA0024121	001	01/01/2014	01/31/2014	CONDI	Total Suspended Solids	3	Average Monthly	38	30	mg/L	mg/L
PA0024121	001	01/01/2014	01/31/2014	CONDI	Total Suspended Solids	3	Weekly Average	83	45	mg/L	mg/L

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	02	28
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	14	01	01		14	01	31

County: Delaware

Total Suspended Solids

Explanations: Mechanical and electrical problems coupled with extreme weather conditions and winter storms have givenus operational problems with both traveling bridge clarifiers which require the tanks to be cleared off using hoses which caused excessive sloids to pass over the weirs and into the effluent. wwe continue to fight these elements on a daily basis. The clarifier bridges are operating normally at this time.

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Media Borough STP	PA0024121 (B)		001
Client: Little Washington Wastewater Company	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	14	01	01
		TO	YEAR MO DAY
			14 01 31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
1/2/2014 8:00:00 AM	83.0000	35.0000	13.0000	3.0000	0.0490
1/7/2014 7:30:00 AM	29.0000	1.0000	9.3000	2.3000	
1/10/2014 7:30:00 AM	59.0000	48.0000	10.0000	3.7000	
1/13/2014 8:00:00 AM	28.0000	690.0000	15.0000	0.9200	
1/17/2014 8:00:00 AM	36.0000		16.0000	1.7000	
1/20/2014 8:00:00 AM	31.0000	1.0000	18.0000	0.6600	
1/21/2014 8:00:00 AM	31.0000		18.0000	0.6600	
1/23/2014 8:00:00 AM		1.0000			
1/24/2014 8:00:00 AM	29.0000	16.0000	19.0000	2.4000	
1/27/2014 7:45:00 AM	27.0000	1.0000	12.0000	0.8700	
1/30/2014 7:35:00 AM	27.0000	5.0000	14.0000	6.6000	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	02	01	FROM	2014	02	28
			TO			

Report Frequency: Monthly
 Monitoring Period: 02/01/2014 - 02/28/2014
 Submitted By: _____
 Submit Date: 03/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.4		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	456.7	1049.9	lbs/day		33.5	47.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				30		45	2/week
Ammonia-Nitrogen	SAMPLE MEASUREMENT	39.8		lbs/day		3.5		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					6.0			2/week
Copper, Total	SAMPLE MEASUREMENT					.03		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo			1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	Avg Mo	Daily Max	MGD					1/month	24-Hr Composite
	PERMIT MEASUREMENT									Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.48	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1/day



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					61 Geo Mean	1100 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	163.1 Avg Mo	194.8 Wkly Avg	lbs/day		12.3 Avg Mo	15.5 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Media 0024121.pdf	Legacy Document	12/12/2015 7:11:43 AM	supplementals and excursion explanation Feb 2014

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	02/01/2014	02/28/2014	CONDI	Total Suspended Solids	3	Average Monthly	456.7	450	lbs/day	lbs/day
PA0024121	001	02/01/2014	02/28/2014	CONDI	Total Suspended Solids	3	Weekly Average	1049.9	675	lbs/day	lbs/day
PA0024121	001	02/01/2014	02/28/2014	CONDI	Total Suspended Solids	3	Average Monthly	33.5	30	mg/L	mg/L
PA0024121	001	02/01/2014	02/28/2014	CONDI	Total Suspended Solids	3	Weekly Average	47.5	45	mg/L	mg/L
PA0024121	001	02/01/2014	02/28/2014	CONDI	Fecal Coliform	3	Instantaneous Maximum	1100	1000	CFU/100 ml	CFU/100 ml

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE			
		AREA CODE	NUMBER	YEAR	MO	DAY	
				2014	03	28	
		SUBMITTED BY FULL NAME					

PERMITTEE NAME ADDRESS
 (include Facility name/Location if different)

STATEMENT SHEET FOR
 EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121 (B)		001
Client: Little Washington Wastewater Company	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	14	02	01
	TO	YEAR	MO
		14	02
			28

County: Delaware

Total Suspended Solids

Explanations: Mechanical and electrical problems coupled with extreme weather conditions and winter storms have given us operational problems with both traveling bridge clarifiers which required the tanks to be cleared off using hoses which caused excessive solids to pass over the weirs and into the effluent, we continue to fight these elements on a daily basis, but currently the bridge clarifiers are operating okay.

Fecal Coliform

Explanations: Fecal excursions for February are believed to be associated with extremely cold temperatures throughout February wherein it was recently discovered that effluent Nitrite-N concentration was in the range of 1.3 to 1.8 mg/l. Nitrite-N exerts a chlorine demand of five (5) times the nitrite concentration. Therefore, the chlorine demand from nitrite is thought to have varied from 6.5 mg/l to 9 mg/l. In researching this further it was recognized that if a higher effluent ammonia is present the chlorine will combine with ammonia first to form chloramines which are reasonably good disinfectants. However, if ammonia is low there is nothing for the chlorine to combine with and, with the presence of nitrite, it will exert a significant chlorine demand and negatively impact the fecal kill. We are looking at increasing the flow paced chlorine feed system to try increasing the dose until temperatures warm up enough to convert all nitrite-N to nitrate. Total residual chlorine in the middle of the chlorine contact tank has been about 3.5 mg/l so the fecal problem was initially difficult to identify. Chlorine feed equipment was also checked for mechanical function and found to be working prop

PERMITTEE NAME ADDRESS
 (include Facility Name/Location if different)

COMPLEMENT SHEET
 DATA FOR MONTHLY AVERAGES

Primary Facility: Media Borough STP	PA0024121 (B)		001
Client: Little Washington Wastewater Company	PERMIT NUMBER		DISCHARGE NUMBER
Address: 762 W Lancaster Avenue	MONITORING PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY
Municipality: Upper Providence Township	14	02	01
	TO	YEAR	MO
		14	02
			28

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
2/3/2014 7:45:00 AM	33.0000	2.0000	15.0000	3.0000	
2/6/2014 8:00:00 AM	32.0000	105.0000	16.0000	3.9000	0.0290
2/10/2014 8:00:00 AM		1.0000			
2/11/2014 8:00:00 AM	30.0000		15.0000	3.7000	
2/14/2014 8:30:00 AM	31.0000	22.0000	13.0000	4.7000	
2/17/2014 7:30:00 AM	29.0000	67.0000	13.0000	5.8000	
2/20/2014 8:00:00 AM	18.0000	770.0000	8.3000	0.6500	
2/24/2014 8:00:00 AM	78.0000	750.0000	11.0000	3.8000	
2/27/2014 8:00:00 AM	17.0000	1100.0000	6.9000	2.5000	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	03	01	TO	2014	03	31

Report Frequency: Monthly
 Monitoring Period: 03/01/2014 - 03/31/2014
 Submitted By: _____
 Submit Date: 04/27/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.9			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.4		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		9.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	180.1	208.6	lbs/day		13.9	17.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	19.1		lbs/day		1.5		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			6.0
Copper, Total	SAMPLE MEASUREMENT					.03		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo				1/month
Flow	SAMPLE MEASUREMENT	1.6425	2.62	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.13	.46	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1.0

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					27 Geo Mean	6490 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	95.7 Avg Mo	134.6 Wkly Avg	lbs/day		7.4 Avg Mo	11.3 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
MEDIA.PDF	Legacy Document	12/12/2015 7:16:20 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	03/01/2014	03/31/2014	CONDI	Fecal Coliform	3	Instantaneous Maximum	6490	1000	CFU/100 ml	CFU/100 ml

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	04	27
		SUBMITTED BY FULL NAME				

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Media Borough STP	PA0024121				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER				DISCHARGE NUMBER		
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Upper Providence Township	14	03	01		14	03	31

County: Delaware

Fecal Coliform

Explanations: Fecal excursions for March are believed to be associated with extremely cold temperatures throughout February wherein it was recently discovered that effluent Nitrite-N concentration was in the range of 1.3 to 1.8 mg/l. Nitrite-N exerts a chlorine demand of five (5) times the nitrite concentration. Therefore, the chlorine demand from nitrite is thought to have varied from 6.5 mg/l to 9 mg/l. In researching this further it was recognized that if a higher effluent ammonia is present the chlorine will combine with ammonia first to form chloramines which are reasonably good disinfectants. However, if ammonia is low there is nothing for the chlorine to combine with and, with the presence of nitrite, it will exert a significant chlorine demand and negatively impact the fecal kill. We are looking at increasing the flow paced chlorine feed system to try increasing the dose until temperatures warm up enough to convert all nitrite-N to nitrate. Total residual chlorine in the middle of the chlorine contact tank has been about 3.5 mg/l so the fecal problem was initially difficult to identify. Chlorine feed equipment was also checked for mechanical function and found to be working properly.

PERMITTEE NAME/ADDRESS
 (include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Media Borough STP	PA0024121		001	
Client: Little Washington Wastewater Company	PERMIT NUMBER		DISCHARGE NUMBER	
Address: 762 W Lancaster Avenue	MONITORING PERIOD			
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	TO
Municipality: Upper Providence Township	14	03	01	14 03 31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

County: Delaware

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
3/3/2014 8:00:00 AM	18.0000	4430.0000	13.0000	1.8000	0.0300
3/6/2014 8:00:00 AM	17.0000	6490.0000	9.5000	3.4000	0.0290
3/7/2014 8:00:00 AM		4100.0000			
3/10/2014 8:00:00 AM	14.0000	1.0000	5.5000	5.0000	
3/13/2014 7:40:00 AM	17.0000	0.0000	8.4000	1.9000	
3/18/2014 8:00:00 AM	13.0000	35.0000	5.8000	0.1000	
3/19/2014 8:00:00 AM		1.0000		0.7900	
3/20/2014 8:00:00 AM	12.0000	1.0000	5.8000	0.2200	
3/21/2014 7:30:00 AM		1310.0000			
3/24/2014 8:00:00 AM	11.0000	1.0000	5.3000	0.2800	0.0270
3/25/2014 8:00:00 AM		1.0000			
3/27/2014 8:00:00 AM	9.3000	1.0000	6.1000	0.2000	0.0250



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2014	04	01		2014	04	30

Report Frequency: Monthly
 Monitoring Period: 04/01/2014 - 04/30/2014
 Submitted By: _____
 Submit Date: 05/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5				1/day	Grab
	PERMIT MEASUREMENT				Inst Min			mg/L	1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7		1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX	S.U.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	265.1	435.1			18.1	29		2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg	lbs/day		Avg Mo	Wkly Avg	mg/L	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	18.6				1.2			2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo		lbs/day		Avg Mo		mg/L	2/week	24-Hr Composite
Copper, Total	SAMPLE MEASUREMENT					.03			1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo		mg/L	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.8629	4.374						Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max	MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.34		1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX	mg/L	1/day	Grab

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	6 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD ₅)	SAMPLE MEASUREMENT	85.2 Avg Mo	90.7 Wkly Avg	lbs/day		5.8 Avg Mo	6.6 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600			25	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 7:25:20 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2014	05	28



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	05	01	FROM	2014	05	31
			TO			

Report Frequency: Monthly
 Monitoring Period: 05/01/2014 - 05/31/2014
 Submitted By: _____
 Submit Date: 06/20/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				5		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	132.5	170.6	lbs/day		8.6	11	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	3.9		lbs/day		.3		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2.0
Copper, Total	SAMPLE MEASUREMENT					.02		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT					Avg Mo				1/month
Flow	SAMPLE MEASUREMENT	1.8539	0	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11	.48	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.3	1/day

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	38 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	56.3 Avg Mo	65.5 Wkly Avg	lbs/day		3.7 Avg Mo	4.4 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 7:28:49 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0024121	001	05/01/2014	05/31/2014	CONDI	pH	3	Instantaneous Minimum	5	6	S.U.	S.U.

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	06	20
		SUBMITTED BY FULL NAME				



PERMITTEE NAME/ADDRESS

NAME Little Washington Wastewater Company

ADDRESS 762 W Lancaster Avenue
Bryn Mawr, Pennsylvania 19010-3489

Facility Media Borough STP

LOCATION Upper Providence Township
County Delaware

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

EXCURSION EXPLANATION

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	05	01			14	05

pH

Explanations: We believe something was introduced into the plant through the collection system early on the morning of May 31, 2014 which lowered the PH level in the plant. Immediate measures were taken to counter act the low PH readings and within two hours we were above the low level limit and by the end of the day back to normal readings and have been within our normal PH limits ever



PERMITTEE NAME/ADDRESS

NAME Little Washington Wastewater Company

ADDRESS 762 W Lancaster Avenue
Bryn Mawr, Pennsylvania 19010-3489

Facility Media Borough STP

LOCATION Upper Providence Township
County Delaware

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DATA FOR MONTHLY AVERAGES

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	05	01		14	05	31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent pH	Effluent Dissolved	Effluent CL2	Air Temperature	Precipitation
5/1/2014 7:00:00 AM	2471000	4855496.0000	6.9200	10.2500	0.0500	60	4.3
5/2/2014 7:00:00 AM	2182000	4857967.0000	6.9800	9.5100	0.0900	60	0.3
5/3/2014 7:00:00 AM	1983000	4860149.0000	6.7300	9.3800	0.0900	66	0.0
5/4/2014 7:00:00 AM	1964000	4862132.0000	6.7100	9.0900	0.0900	52	0.0
5/5/2014 7:00:00 AM	1824000	4864096.0000	6.6200	9.0100	0.0500	54	0.0
5/6/2014 7:00:00 AM	1827000	4865920.0000	6.5900	8.9600	0.0600	48	0.0
5/7/2014 7:00:00 AM	1741000	4867747.0000	6.5500	8.6400	0.0800	46	0.0
5/8/2014 7:00:00 AM	1783000	4869488.0000	6.6600	8.6800	0.1600	56	0.0
5/9/2014 7:00:00 AM	1751000	4871271.0000	6.5300	8.7300	0.2700	62	0.0
5/10/2014 7:00:00 AM	1962000	4873022.0000	6.3900	8.0600	0.1700	64	0.0
5/11/2014 7:00:00 AM	1871000	4874984.0000	6.7500	7.8100	0.1000	60	1.0
5/12/2014 7:00:00 AM	1657000	4876855.0000	6.7600	8.5800	0.0700	63	0.0
5/13/2014 7:00:00 AM	1718000	4878512.0000	6.5700	8.1100	0.0900	63	0.0
5/14/2014 7:00:00 AM	1690000	4880230.0000	6.7000	8.4500	0.4800	54	0.1
5/15/2014 7:00:00 AM	1688000	4881920.0000	7.0200	8.1800	0.2800	64	0.0
5/16/2014 7:00:00 AM	2979000	4883608.0000	6.3000	7.7300	0.0800	71	0.0
5/17/2014 7:00:00 AM	2018000	4886587.0000	6.8800	8.8700	0.0900	62	2.7



PERMITTEE NAME/ADDRESS

NAME Little Washington Wastewater Company

ADDRESS 762 W Lancaster Avenue
Bryn Mawr, Pennsylvania 19010-3489

Facility Media Borough STP

LOCATION Upper Providence Township
County Delaware

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DATA FOR MONTHLY AVERAGES

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	05	01			14	05

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent pH	Effluent Dissolved	Effluent CL2	Air Temperature	Precipitation
5/18/2014 7:00:00 AM	1848000	4888605.0000	6.8500	8.6700	0.0800	50	0.0
5/19/2014 7:00:00 AM	1854000	4890453.0000	6.7400	8.2400	0.0600	64	0.0
5/20/2014 7:00:00 AM	1834000	4892307.0000	6.6800	8.3500	0.0900	55	0.0
5/21/2014 7:00:00 AM	1717000	4894141.0000	6.6400	8.1800	0.0800	63	0.0
5/22/2014 7:00:00 AM	1866000	4895858.0000	6.3000	7.9000	0.0800	63	0.0
5/23/2014 7:00:00 AM	1692000	4897724.0000	6.6800	7.7100	0.0900	64	0.5
5/24/2014 7:00:00 AM	1618000	4899416.0000	6.7000	8.2300	0.0700	70	0.2
5/25/2014 7:00:00 AM	1566000	4901034.0000	6.6800	7.9600	0.0800	60	0.0
5/26/2014 7:00:00 AM	1669000	4902600.0000	6.6700	7.9000	0.0900	60	0.0
5/27/2014 7:00:00 AM	1817000	4904269.0000	6.4000	8.1800	0.1300	66	0.0
5/28/2014 7:00:00 AM	1761000	4906086.0000	6.3500	7.9600	0.1300	66	0.6
5/29/2014 7:00:00 AM	1774000	4907847.0000	6.7400	8.3700	0.0500	56	0.1
5/30/2014 7:00:00 AM	1738000	4909621.0000	6.0200	8.1700	0.0900	57	0.0
5/31/2014 7:00:00 AM	1607000	4911359.0000	4.9600	7.9200	0.0600	58	0.0



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	06	01	FROM	2014	06	30
			TO			

Report Frequency: Monthly
 Monitoring Period: 06/01/2014 - 06/30/2014
 Submitted By: _____
 Submit Date: 07/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.3		7.3	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	203.3	330.3	lbs/day		15.3	26.5	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	9.9		lbs/day		.7		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			2.0
Copper, Total	SAMPLE MEASUREMENT					.03		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT						Avg Mo			
Flow	SAMPLE MEASUREMENT	1.5446	1.833	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.15	.69	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	.3

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	14 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	64.8 Avg Mo	85.9 Wkly Avg	lbs/day		4.8 Avg Mo	6.9 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 7:40:09 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your 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 your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY
					2014	07	28



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
 FACILITY AQUA PA MEDIA STP
 LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063
 TELEPHONE 610-645-1197
 COUNTY Delaware
 REGION EP SE Rgnl Off Norristown

PA0024121
PERMIT NUMBER

001
OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
2014	07	01	FROM	2014	07	31
			TO			

Report Frequency: Monthly
 Monitoring Period: 07/01/2014 - 07/31/2014
 Submitted By: _____
 Submit Date: 08/28/2014
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Inst Min				5.0	1/day
pH	SAMPLE MEASUREMENT				6.5		7.1	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Inst Min		IMAX		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	238.3	316.4	lbs/day		23.1	33	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo	Wkly Avg				Avg Mo		Wkly Avg	30
Ammonia-Nitrogen	SAMPLE MEASUREMENT	6.6		lbs/day		.6		mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					2.0			2/week
Copper, Total	SAMPLE MEASUREMENT					.07		mg/L	1/month	24-Hr Composite
	PERMIT MEASUREMENT						Avg Mo			1/month
Flow	SAMPLE MEASUREMENT	1,2384	1,484	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.16	.39	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	.3



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					5 Geo Mean	260 IMAX	CFU/100 ml	2/week	Grab
	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	46.4 Avg Mo	66.2 Wkly Avg	lbs/day		4.5 Avg Mo	6.9 Wkly Avg	mg/L	2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375			15	25		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
media.pdf	Legacy Document	12/12/2015 7:49:26 AM	SUPPLEMENTALS

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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			AREA CODE	NUMBER	YEAR	MO	DAY
					2014	08	28



PERMITTEE NAME/ADDRESS

NAME Little Washington Wastewater Company

ADDRESS 762 W Lancaster Avenue
Bryn Mawr, Pennsylvania 19010-3489

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PA0024121 (B)
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	08	01		14	08	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.1917	1.6410		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.6	XXXXX	7.1		0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	XXXXX	9.0	STD UNITS		Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.1	XXXXX	XXXXX	MG/L	0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.0	XXXXX	XXXXX	MG/L		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.16	0.38	MG/L	0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	34.2	43.8	LB/DAY	XXXXX	3.5	4.0	MG/L	0	2/Week	24HC
	PERMIT REQUIREMENT	225.0	375.0	LB/DAY	XXXXX	15.0	25.0 Weekly Average	MG/L		2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	2/Week	24HC
	PERMIT REQUIREMENT	375.0	600.0	LB/DAY	XXXXX	25.0	40.0 Weekly Average	MG/L		2/Week	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE	
Thomas A. Cicala Superintendent, Wastewater Operations		(610) 645-4215	2014	09	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



PERMITTEE NAME/ADDRESS

NAME Little Washington Wastewater Company

ADDRESS 762 W Lancaster Avenue
Bryn Mawr, Pennsylvania 19010-3489

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PA0024121 (B)
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	08	01		14	08	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	115.6	143.9	LB/DAY	XXXXX	11.8	14.5	MG/L	0	2/Week	24HC
	PERMIT REQUIREMENT	450.0	675.0	LB/DAY	XXXXX	30.0	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	3.0	43.0	# COL/100ML	0	2/Week	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.0	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	1.2	XXXXX	LB/DAY	XXXXX	0.1	XXXXX	MG/L	0	2/Week	24HC
	PERMIT REQUIREMENT	30.0	XXXXX	LB/DAY	XXXXX	2.0	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.0	XXXXX	LB/DAY	XXXXX	6.0	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>	TELEPHONE		DATE	
		(610) 645-4215	2014	09	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121 (B)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	09	01		14	09	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.2152	1.4210	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.7	XXXXX	7.2	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	6.0	XXXXX				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.4	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	5.0	XXXXX				
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.20	0.36	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	XXXXX	0.30				
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	28.3	35.2	LB/DAY	XXXXX	2.7	4.0	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	225.0	375.0		LB/DAY	XXXXX	15.0				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.0	600.0		LB/DAY	XXXXX	25.0				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2014 10 27
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121 (B)
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	09	01		14	09	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	99.5	115.8	LB/DAY	XXXXX	9.6	11.0	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.0	675.0	LB/DAY	XXXXX	30.0	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.0	10.0	⁵ COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.0	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	1.2	XXXXX	LB/DAY	XXXXX	0.1	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	30.0	XXXXX	LB/DAY	XXXXX	2.0	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	90.0	XXXXX	LB/DAY	XXXXX	6.0	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE	
Thomas A. Cicala Superintendent, Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2014
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	10	01		14	10	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	1.2451	1.5270	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.70	XXXXX	7.20	STD UNITS	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00					
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.06	XXXXX	XXXXX	MG/L	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L				
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.12	0.28	MG/L	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L				
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	46.40	53.88	LB/DAY	XXXXX	4.43	5.00	MG/L	0	9/Month	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE		DATE		
Thomas A. Cicala Superintendent, Wastewater Operations								(610) 645-4215		2014	11	25
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	10	01		14	10	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	148.78	184.33	LB/DAY	XXXXX	14.22	17.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	6.00	380.00	#COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	2.82	XXXXX	LB/DAY	XXXXX	0.27	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	2/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Thomas A. Cicala
SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2014 11 25

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	11	01		14	11	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.3257	1.7130	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.64	XXXXX	7.16	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.30	XXXXX	XXXXX	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.13	0.30	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	71.80	83.24	LB/DAY	XXXXX	6.09	7.00	MG/L	0	11/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	<i> Gordon H Miller</i>	(610) 645-4215	2014 12 22
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brwn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	11	01		14	11	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

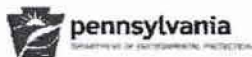
NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	281.01	415.67	LB/DAY	XXXXX	24.00	35.40	MG/L	0	11/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	12.00	880.00	COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	17.15	XXXXX	LB/DAY	XXXXX	1.44	XXXXX	MG/L	0	11/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	<i>Mardon H Miller</i>	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2014 12 22
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	12	01		14	12	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.2768	1.6550	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.44	XXXXX	7.21	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.35	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.14	0.93	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	69.29	90.29	LB/DAY	XXXXX	6.54	9.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendant, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Hordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 01 23

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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14	12	01		14	12	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	165.58	236.75	LB/DAY	XXXXX	15.67	22.50	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	5.00	4250.00	COL/100ML	1	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	16.93	XXXXX	LB/DAY	XXXXX	1.60	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	(610) 645-4215	2015 01 23
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS

PAGE 2 OF 2

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). **Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures.** If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Media Borough STP Month: December Year: 2014
 Municipality: Upper Providence Township County: Delaware Permit No.: PA0024121

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
12/22	Fecal Coliform	1000	# col / 100mL	Inst Max	4250	# col / 100mL	Failure of clarifier bridge; resulted in brief period of high TSS discharge	Fixed clarifier bridge issue; following samples have met permit limits

Sanitary Sewer Overflows and Other Unauthorized Discharges*

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

Other Permit Violations*

- Sample collection less frequent than required Explain _____
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

***If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller Signature: *Gordon H Miller*
 Title: Assistant Manager Wastewater Date: 1/26/15



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
 County Delaware

WATERSHED 3G

EXCURSION EXPLANATION

PA0024121 (B)
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	12	01		14	12	31

Fecal Coliform

Explanations: Fecal Instant Max was caused by failure of the clarifier bridge. This caused a brief period of high TSS being discharged, resulting in an excursion. This issue has been resolved, and all following fecal samples have been adequate since the fix.



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Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
County Delaware

WATERSHED 3G

DATA FOR MONTHLY AVERAGES

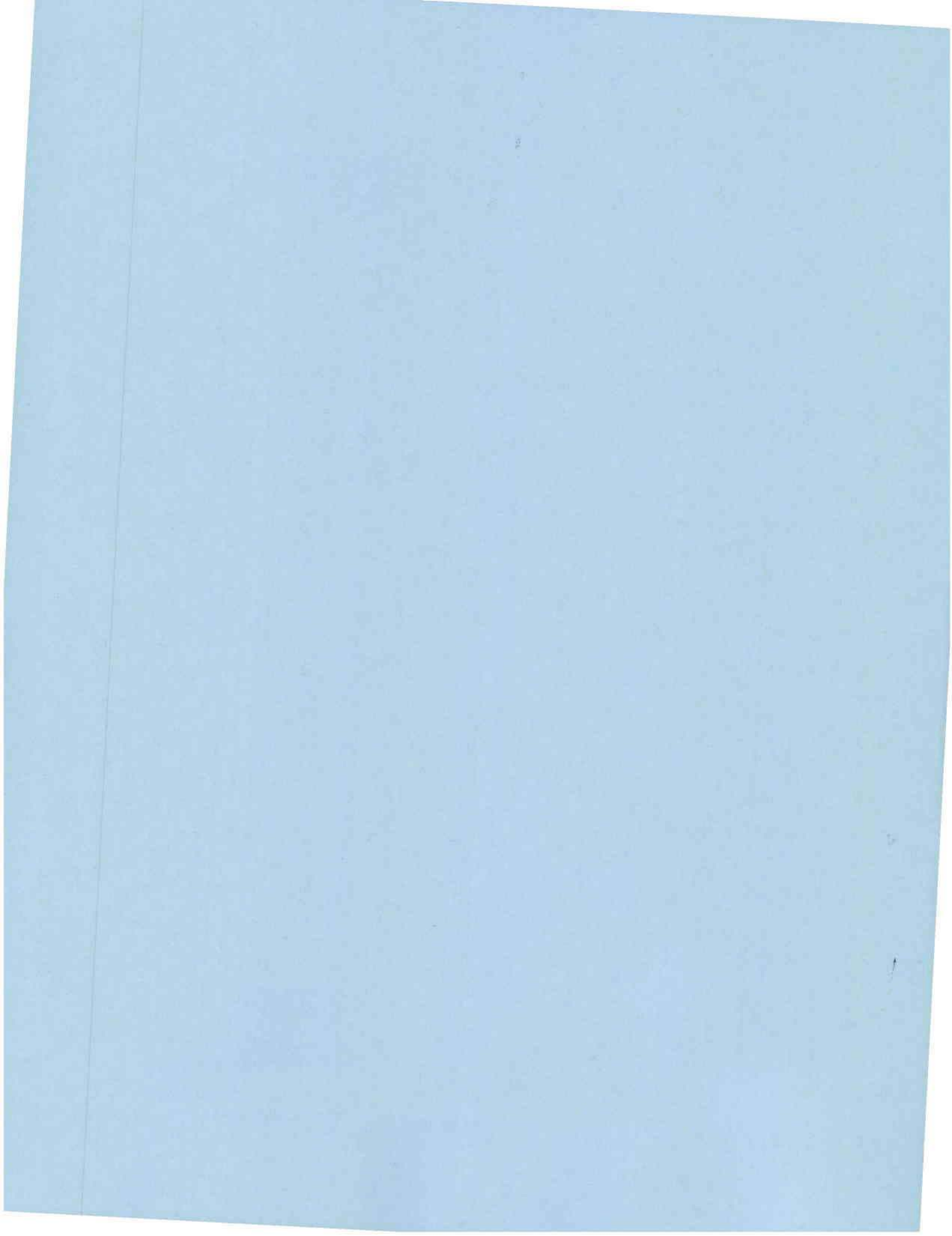
PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	12	01		14	12	31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
12/2/2014 7:10:00 AM	18.0000	1.0000	5.9000	4.4000	0.0190
12/4/2014 7:15:00 AM	11.0000	1.0000	6.2000	1.9000	
12/8/2014 8:00:00 AM	12.0000	7.0000	7.2000	2.4000	
12/11/2014 8:00:00 AM	13.0000	1.0000	6.3000	1.3000	
12/16/2014 7:20:00 AM	15.0000	10.0000	5.9000	1.1000	
12/18/2014 8:00:00 AM	17.0000	1.0000	5.5000	0.1000	
12/22/2014 8:00:00 AM	39.0000	4250.0000	13.0000	1.9000	
12/26/2014 8:00:00 AM	6.0000	15.0000	4.2000	0.3600	
12/30/2014 7:30:00 AM	10.0000	1.0000	4.7000	0.9000	





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PA0024121	001
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YEAR	MO	DAY	TO	YEAR	MO	DAY
15	01	01		15	01	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.3162	2.3680	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.25	XXXXX	7.26	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.84	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.20	0.64	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	63.25	77.20	LB/DAY	XXXXX	5.73	7.00	MGL	0	18/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	<i>Horizon 25 Miller</i>			TELEPHONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015	02	26
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	233.67	384.80	LB/DAY	XXXXX	21.20	34.17	MG/L	0	18/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	7.00	350.00	COL/100ML	0	18/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	14.93	XXXXX	LB/DAY	XXXXX	1.22	XXXXX	MG/L	0	18/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Thomas A. Cicala Superintendent, Wastewater Operations		(610) 645-4215	2015	02	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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15	02	01		15	02	28

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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT					
Flow	SAMPLE MEASUREMENT	1.2563	1.6700	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter		
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX					
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.41	XXXXX	7.24	STD UNITS	0	28/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00						
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.36	XXXXX	XXXXX	MGL	0	28/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL					
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.25	0.77	MGL	0	28/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL					
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC		
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL					
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	84.31	100.41	LB/DAY	XXXXX	7.84	9.00	MGL	0	12/Month	24HC		
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Thomas A. Cicala Superintendent, Wastewater Operations									(610) 645-4215		2015	03	20
TYPED OR PRINTED									AREA CODE NUMBER		YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	198.01	220.56	LB/DAY	XXXXX	18.00	21.25	MGL	0	12/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	3.00	260.00	COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	22.50	XXXXX	LB/DAY	XXXXX	2.13	XXXXX	MGL	0	12/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015 03 20
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	03	01		15	03	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.4719	2.0820	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.45	XXXXX	7.25	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.18	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.13	0.36	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	91.06	134.37	LB/DAY	XXXXX	7.45	10.00	MGL	0	11/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 04 28

YEAR MO DAY

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	124.90	213.52	LB/DAY	XXXXX	9.80	15.75	MGL	0	11/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	3.00	40.00	#COL/100ML	0	11/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	35.38	XXXXX	LB/DAY	XXXXX	2.98	XXXXX	MGL	0	11/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE	
		<i>London H Miller</i>		(610) 645-4215	2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
		AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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15	04	01		15	04	30

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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.3174	2.0720	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.53	XXXXX	7.38	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.34	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.16	0.45	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	60.15	73.91	LB/DAY	XXXXX	5.23	6.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

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DATE

2015 05 27

YEAR MO DAY

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BUREAU OF WATER STANDARD AND FACILITY REGULATION
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Brvn Mawr. Pennsylvania 19010
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15	04	01		15	04	30

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	105.36	153.16	LB/DAY	XXXXX	9.10	11.15	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	20.00	#COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	23.43	XXXXX	LB/DAY	XXXXX	1.92	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE			
		<i> Gordon H Miller </i>		(610) 645-4215		2015	05
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")
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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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YEAR	MO	DAY	TO	YEAR	MO	DAY
15	05	01		15	05	31

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.2425	1.3530	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.56	XXXXX	7.22	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.55	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.20	0.54	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	54.76	69.48	LB/DAY	XXXXX	5.13	6.00	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

DATE

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	113.75	161.32	LB/DAY	XXXXX	10.64	14.85	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	2.00	7.00	COL/100ML	0	8/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	4.02	XXXXX	LB/DAY	XXXXX	0.38	XXXXX	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Thomas A. Cicala Superintendent, Wastewater Operations			(610) 645-4215	2015 06 25
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.3201	2.0440	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.88	XXXXX	7.26	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.18	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.10	0.50	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	44.48	58.00	LB/DAY	XXXXX	3.92	5.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

(610) 645-4215 2015 07 24

AREA CODE NUMBER YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	06	01		15	06	30

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	97.18	160.40	LB/DAY	XXXXX	8.60	14.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	6.00	420.00	#COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	5.65	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas A. Cicala
Superintendent, Wastewater Operations
TYPED OR PRINTED

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TELEPHONE DATE
(610) 645-4215 2015 07 24
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SEE SUPPLEMENT SHEETS
PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.2718	1.6027	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.65	XXXXX	7.26	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	5.20	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.09	0.39	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	49.19	60.13	LB/DAY	XXXXX	4.63	6.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendant, Wastewater Operations

TYPED OR PRINTED

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Anderson H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 08 27

YEAR MO DAY

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SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	145.37	238.46	LB/DAY	XXXXX	13.70	23.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL			
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	11.00	2720.00	COL/100ML	1	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	SCOL/100ML			
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	5.35	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL			
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	2/Week	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL			
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

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Jordan H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 08 27

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures. If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Media Borough STP Month: July Year: 2015
Municipality: Upper Providence Township County: Delaware Permit No.: PA0024121

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
7/9	Fecal Coliform	1000	# col / 100mL	Inst Max	2720	# col / 100mL	Clogging of chlorine pump suction line which interfered with the chlorine feed	Suction line was repaired after identifying the problem; in compliance following the repair

Sanitary Sewer Overflows and Other Unauthorized Discharges*

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

Other Permit Violations*

- Sample collection less frequent than required Explain _____
 Sample type not in compliance with permit Explain _____
 Violation of permit schedule Explain _____
 Other Explain _____
 Other Explain _____

***If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 8/26/15



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
 County Delaware
WATERSHED 3G

EXCURSION EXPLANATION

PA0024121 (B)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	07	01		15	07	31

Fecal Coliform

Explanations: We realized an exceedance in fecal instantaneous maximum with a result of 2720 #col/100ml vs the permit limit of 1000 #col/100 ml due to the clogging of the chlorine pump suction line which interfered with chlorine feed. The problem was quickly identified and the suction line was repaired. The facility was in compliance for fecal geometric mean for July.



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
 County Delaware

WATERSHED 3G

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

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YEAR	MO	DAY	TO	YEAR	MO	DAY
15	07	01		15	07	31

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitroaen	Total Copper
7/2/2015 8:30:00 AM	23.0000	1.0000	5.8000	0.5800	0.0390
7/6/2015 8:30:00 AM	13.0000	310.0000	5.0000	0.6100	
7/9/2015 8:30:00 AM		2720.0000			
7/10/2015 8:20:00 AM	11.0000		3.6000	0.9200	
7/13/2015 7:30:00 AM	8.0000		4.2000	0.3900	
7/15/2015 7:40:00 AM		1.0000			
7/16/2015 7:25:00 AM	9.3000	1.0000	5.1000	0.5800	
7/20/2015 8:00:00 AM	10.0000	43.0000	4.3000	0.5100	
7/22/2015 11:25:00 AM		200.0000			
7/23/2015 8:00:00 AM	17.0000	520.0000	5.1000	0.3400	
7/27/2015 8:20:00 AM	15.0000	1.0000	4.0000	0.3500	
7/29/2015 8:10:00 AM		1.0000			
7/30/2015 9:30:00 AM	17.0000	1.0000	4.6000	0.2600	
7/31/2015 8:20:00 AM		1.0000			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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DISCHARGE MONITORING REPORT (DMR)

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Reporting Frequency Monthly
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Check here if No Discharge

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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.1559	2.1349	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.91	XXXXX	7.68	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	- XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	5.32	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	33.68	43.95	LB/DAY	XXXXX	3.44	5.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

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Jordan H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

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AREA CODE NUMBER

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	112.70	161.03	LB/DAY	XXXXX	11.44	16.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	1.00	#COL/100ML	0	8/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	2.45	XXXXX	LB/DAY	XXXXX	0.25	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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Thomas A. Cicala
Superintendent, Wastewater Operations

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London H Miller

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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.1757	2.0583	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.92	XXXXX	7.74	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.05	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.09	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	34.08	39.67	LB/DAY	XXXXX	3.43	4.00	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Nedon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 10 28

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	09	01		15	09	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	84.02	149.15	LB/DAY	XXXXX	8.21	15.00	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	2.00	4650.00	COL/100ML	1	11/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	2.25	XXXXX	LB/DAY	XXXXX	0.22	XXXXX	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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Thomas A. Cicala

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TELEPHONE

(610) 645-4215

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DATE

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YEAR MO DAY

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures. If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facility Name: Media Borough STP Month: September Year: 2015
Municipality: Upper Providence Township County: Delaware Permit No.: PA0024121

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
9/8	Fecal Coliform	1000	# col / 100mL	Inst Max	4650	# col / 100mL	Issue with suction screen for chlorine system	Issue fixed and following samples have been in compliance; we do not expect further issues

Sanitary Sewer Overflows and Other Unauthorized Discharges*

Event Date	Substance Discharged	Location	Volume (gals)	Duration (hrs)	Receiving Waters	Impact on Waters	Cause of Discharge	Date DEP Notified

Other Permit Violations*

- Sample collection less frequent than required Explain _____
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

***If the space provided is not sufficient to record all information, please attach additional sheets.**

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 10/26/15



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
 County Delaware

WATERSHED 3G

EXCURSION EXPLANATION

PA0024121 (B)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	09	01		15	09	30

Fecal Coliform

Explanations: The effluent standards were not met for the month of September. We realized an Instantaneous Maximum excursion for Fecal Coliform with a level of 4650 #col/100mL and a permit level of 1000 #col/100mL. We experienced an issue with the suction screen for the chlorine system during the month, which may be the cause for the "spike". All other sample for the month were well within the permit limit. We will further monitor and investigate future results, but we do not expect this to be a recurring issue.



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
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PERMITTEE NAME/ADDRESS

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 Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
 County Delaware

WATERSHED 3G

DATA FOR MONTHLY AVERAGES

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	09	01		15	09	30

NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report calculations. See Note on Input Screens for Lab Data and Field Data.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper
9/3/2015 8:00:00 AM	4.0000	1.0000	4.1000	0.1200	0.0270
9/8/2015 7:10:00 AM	8.0000	4650.0000	3.9000	0.5000	
9/10/2015 7:25:00 AM	11.0000	1.0000	2.8000	0.2500	
9/14/2015 8:15:00 AM	6.7000	1.0000	3.0000	0.1300	
9/16/2015 8:00:00 AM		1.0000			
9/17/2015 8:00:00 AM	1.3000	1.0000	3.4000	0.1200	
9/18/2015 8:00:00 AM		1.0000			
9/21/2015 7:25:00 AM	6.7000	1.0000	3.0000	0.2000	
9/23/2015 8:00:00 AM		1.0000			
9/24/2015 7:30:00 AM	13.0000	5.0000	3.3000	0.2700	
9/28/2015 9:00:00 AM	15.0000	1.0000	3.9000	0.2000	



COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER STANDARD AND FACILITY REGULATION
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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15	10	01		15	10	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.1891	1.8225		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.78	XXXXX	7.23		0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.87	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL		Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	54.21	83.93	LB/DAY	XXXXX	5.40	8.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL		2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL		2/Week	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.) <div style="text-align: center;"> SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT </div>	TELEPHONE (610) 645-4215 AREA CODE NUMBER YEAR MO DAY 2015 11 24
--	--	--

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")
SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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Reporting Frequency Monthly
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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	167.89	244.36	LB/DAY	XXXXX	16.89	24.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	2.00	540.00	# COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	2.23	XXXXX	LB/DAY	XXXXX	0.22	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Jordan H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

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YEAR MO DAY

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.2117	1.8884	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.57	XXXXX	7.15	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.01	XXXXX	XXXXX	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.05	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L	2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	65.01	87.92	LB/DAY	XXXXX	6.27	8.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L	2/Week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendant, Wastewater Operations

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Gordon H Miller

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MONITORING PERIOD						
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15	11	01		15	11	30

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	170.81	205.60	LB/DAY	XXXXX	16.22	20.00	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	3.00	58.00	# COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	2.28	XXXXX	LB/DAY	XXXXX	0.22	XXXXX	MGL	0	9/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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Superintendant, Wastewater Operations

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TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 12 17

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	12	01		15	12	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE			
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT						
Flow	SAMPLE MEASUREMENT	1.2871	2.8488	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter			
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX						
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.20	XXXXX	7.32	STD UNITS	0	31/Month	Grab			
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00							
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.95	XXXXX	XXXXX	MG/L	0	31/Month	Grab			
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L						
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.12	MG/L	0	31/Month	Grab			
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L						
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC			
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L						
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	78.66	90.13	LB/DAY	XXXXX	7.18	9.00	MG/L	0	10/Month	24HC			
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
Thomas A. Cicala Superintendent, Wastewater Operations										(610) 645-4215		2016	01	26
TYPED OR PRINTED										AREA CODE NUMBER		YEAR	MO	DAY
COMMENTS (Report all violations on the "Non-Compliance Reporting Form") SEE SUPPLEMENT SHEETS														



COMMONWEALTH OF PENNSYLVANIA
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	188.54	199.30	LB/DAY	XXXXX	17.50	18.50	MGL	0	10/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	7.00	270.00	# COL/100ML	0	10/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	5.11	XXXXX	LB/DAY	XXXXX	0.46	XXXXX	MGL	0	10/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 01 26

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



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PA0024121		001				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	01	01		16	01	31

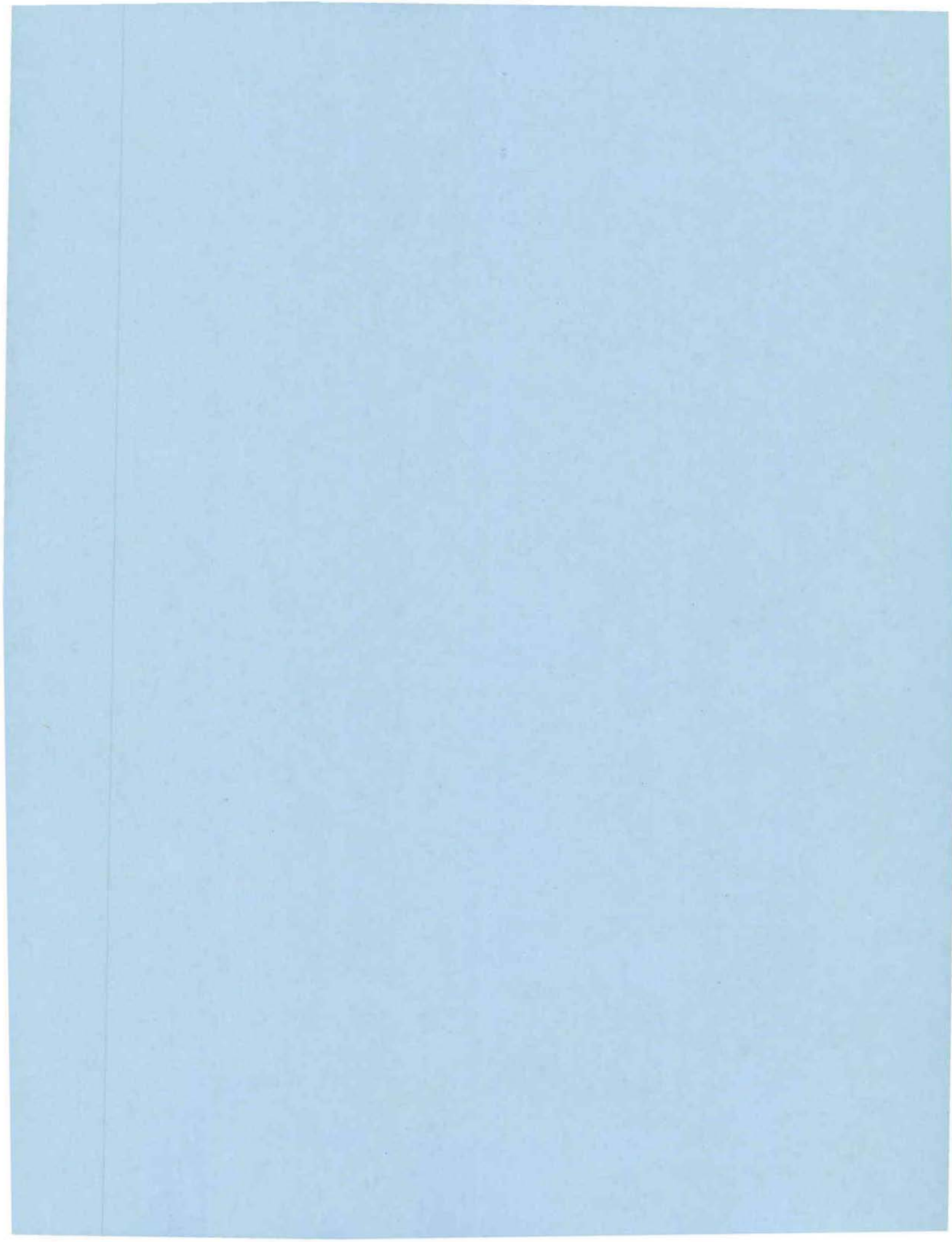
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	1.2342	1.6787	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX				Continuous
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.35	XXXXX	7.11	STD UNITS	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00					Daily
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.58	XXXXX	XXXXX	MG/L	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L				Daily
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.12	MG/L	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L				Daily
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L				2/Week
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	93.38	114.13	LB/DAY	XXXXX	8.81	10.00	MG/L	0	8/Month	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L				2/Week
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Thomas A. Cicala Superintendent, Wastewater Operations							<i>Gordon H Miller</i>		(610) 645-4215		2016 02 18	
TYPED OR PRINTED							AREA CODE NUMBER		YEAR		MO	

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16	01	01		16	01	31

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	246.41	275.45	LB/DAY	XXXXX	23.38	25.50	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	9.00	580.00	COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	7.24	XXXXX	LB/DAY	XXXXX	0.74	XXXXX	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent, Wastewater Operations		<i>Thomas A. Cicala</i>		(610) 645-4215	2016	02	16
TYPED OR PRINTED				AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
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PAGE 2 OF 2



PERMITTEE NAME/ADDRESS

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16	02	01		16	02	29

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.3591	2.5781	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.08	XXXXX	7.28	STD UNITS	0	29/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.27	XXXXX	XXXXX	MGL	0	29/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX				
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.09	MGL	0	29/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00				
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	101.31	189.11	LB/DAY	XXXXX	8.76	17.00	MGL	0	12/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas A. Cicala
Superintendent, Wastewater Operations
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H. Miesner
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
(610) 645-4215 2016 03 25
AREA CODE NUMBER YEAR MO DAY

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	193.97	442.33	LB/DAY	XXXXX	16.92	41.00	MG/L	0	12/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	8.00	670.00	# COL/100ML	0	14/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	3.73	XXXXX	LB/DAY	XXXXX	0.32	XXXXX	MG/L	0	10/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
 Superintendant, Wastewater Operations

TYPED OR PRINTED

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	1.3854	3.0362	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.17	XXXXX	7.10	STD UNITS	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.87	XXXXX	XXXXX	MGL	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL			Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.05	MGL	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL			Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL			2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	74.18	108.59	LB/DAY	XXXXX	4.86	6.00	MGL	0	9/Month	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL			2/Week	24HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>							TELEPHONE	DATE		
Thomas A. Cicala Superintendent, Wastewater Operations							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 645-4215	2016	04	25
TYPED OR PRINTED							AREA CODE NUMBER	YEAR	MO	DAY		
COMMENTS (Report all violations on the "Non-Compliance Reporting Form") <p style="text-align: center;">SEE SUPPLEMENT SHEETS</p>												



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	03	01		16	03	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	126.70	171.49	LB/DAY	XXXXX	8.67	12.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	26.00	[§] COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	11.00	XXXXX	LB/DAY	XXXXX	0.87	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (610) 645-4215	DATE 2016 04 25
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

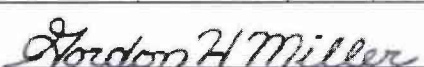
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DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	04	01		16	04	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	1.3222	2.8395		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.39	XXXXX	7.01		0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.10	XXXXX	XXXXX	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.06	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	102.78	130.12	LB/DAY	XXXXX	8.35	9.00	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	24HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE	DATE		
Thomas A. Cicala Superintendent, Wastewater Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							(610) 645-4215	2016	05	24
TYPED OR PRINTED								AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



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COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	04	01		16	04	30

Reporting Frequency Monthly
 Permit Expires October 31, 2017
 Permit Application due May 4, 2017

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	251.54	329.32	LB/DAY	XXXXX	19.88	23.50	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	676.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	15.00	940.00	# COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	5.49	XXXXX	LB/DAY	XXXXX	0.44	XXXXX	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
 Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 05 24

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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YEAR	MO	DAY	TO	YEAR	MO	DAY
16	05	01		16	05	31

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.4618	2.6640	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.51	XXXXX	7.06	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.51	XXXXX	XXXXX	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.12	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	61.06	100.10	LB/DAY	XXXXX	5.16	8.00	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	24HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p> <div style="font-size: large; font-family: cursive; margin: 10px 0;">Gordon H Miller</div> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>						TELEPHONE		DATE	
Thomas A. Cicala Superintendent, Wastewater Operations								(610) 645-4215		2016 05 28	
TYPED OR PRINTED								AREA CODE NUMBER		YEAR MO DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	05	01		16	05	31

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	199.39	362.72	LB/DAY	XXXXX	15.96	25.50	MG/L	0	10/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	5.00	250.00	COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	10.47	XXXXX	LB/DAY	XXXXX	0.79	XXXXX	MG/L	0	8/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)		TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 645-4215	2016 06 28
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	1.2922	2.5000		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.37	XXXXX	7.19		0	30/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.50	XXXXX	XXXXX	MG/L	0	30/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L		Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.07	MG/L	0	30/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	32.34	44.88	LB/DAY	XXXXX	2.93	4.00	MG/L	0	9/Month	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	24HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)								TELEPHONE	DATE		
Thomas A. Cicala Superintendent, Wastewater Operations									(610) 645-4215	2016	07	21
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE NUMBER	YEAR	MO	DAY

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	108.21	144.98	LB/DAY	XXXXX	9.86	13.35	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	9.00	230.00	COL/100ML	0	11/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	5.51	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	(610) 645-4215	2016 07 21
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	07	01		16	07	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT					
Flow	SAMPLE MEASUREMENT	1.2246	1.5370	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter		
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX					XXXX	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.59	XXXXX	6.93	STD UNITS	0	31/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00						
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.14	XXXXX	XXXXX	MG/L	0	31/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX						
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.07	MG/L	0	31/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00						
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	34.44	43.51	LB/DAY	XXXXX	3.19	4.00	MG/L	0	8/Month	24HC		
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average						
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC		
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average						
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)						TELEPHONE		DATE			
Thomas A. Clcala Superintendent, Wastewater Operations								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 645-4215	2016	08	24
TYPED OR PRINTED										AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	07	01		16	07	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	113.21	142.36	LB/DAY	XXXXX	10.50	12.50	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	4.00	84.00	# COL/100ML	0	8/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	5.34	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

DATE

2016 08 24

AREA CODE NUMBER

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	08	01		16	08	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE	
	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	1.2061	2.3500	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.26	XXXXX	7.15	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	6.00	XXXXX		9.00	Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.39	XXXXX	XXXXX	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	5.00	XXXXX		XXXXX	Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXX	XXXXX	0.30		1.00	Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	36.60	50.80	LB/DAY	XXXXX	3.21	5.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00		XXXXX	15.00	25.0 Weekly Average		MG/L	2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00		XXXXX	25.00	40.0 Weekly Average		MG/L	2/Week	24HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE	DATE		
Thomas A. Cicala Superintendent, Wastewater Operations								(610) 645-4215	2016	09	23
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	08	01		16	08	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	123.74	191.55	LB/DAY	XXXXX	11.60	19.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	9.00	830.00	# COL/100ML	0	12/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	10.99	XXXXX	LB/DAY	XXXXX	0.86	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendant, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 09 23

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	09	01		16	09	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.2509	1.7270		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXXX	XXXXXX	XXXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	6.66	XXXXXX	7.16		0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	6.00	XXXXXX	9.00	STD UNITS			
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	5.14	XXXXXX	XXXXXX	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	5.00	XXXXXX	XXXXXX	MG/L			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXXX	0.05	0.08	MG/L	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	XXXXXX	0.30	1.00	MG/L			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	39.12	55.53	LB/DAY	XXXXXX	3.48	4.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MG/L			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas A. Cicala
Superintendent, Wastewater Operations
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Jordan H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
(610) 645-4215 2016 10 24
AREA CODE NUMBER YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	09	01		16	09	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	133.10	254.90	LB/DAY	XXXXX	11.22	18.50	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L			
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	13.00	240.00	# COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML			
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	6.85	XXXXX	LB/DAY	XXXXX	0.61	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L			
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L			
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Stordan H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 10 24

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua PA Wastewater, Inc.
ADDRESS 762 W Lancaster Avenue
Bryn Mawr, PA 19010
FACILITY Media Borough STP
LOCATION Upper Providence Twp
Delaware County
WATERSHED 3-G

PA0024121 A-2	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2016	10	01		2016	10	31

Reporting Frequency: Monthly
DMR Effective From: October 1, 2015
DMR Effective To: October 31, 2017
Permit Expires: October 31, 2017
Permit Application Due: May 4, 2017

Check here if No Discharge
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow	SAMPLE MEASUREMENT	1.2318	1.4340	MGD	XXXX	XXXX	XXXX	XXXX	0	Continuous	Metered
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXXX	XXXX	XXXX		Continuous	Metered	
pH	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	6.47	XXXX	7.13	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		6.0 Inst Min	XXXX	9.0 Inst Max		1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	5.73	XXXX	XXXX	mg/L	0	1/day	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		5.0 Inst Min	XXXX	XXXX		1/day	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX	0.04	0.08	mg/L	0	1/day	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	0.3 Avg Mo	1.0 Inst Max		1/day	Grab	
CBOD5 Raw Sewage Influent	SAMPLE MEASUREMENT	982	XXXX	lbs/day	XXXX	96	XXXX	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	Report Avg Mo	XXXX		XXXX	Report Avg Mo	XXXX		2/week	24HC	
CBOD5 May 1 - Oct 31	SAMPLE MEASUREMENT	37.04	45.37	lbs/day	XXXX	3.59	4.25	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	225 Avg Mo	375 Wkly Avg		XXXX	15 Avg Mo	25 Wkly Avg		2/week	24HC	
CBOD5 Nov 1 - Apr 30	SAMPLE MEASUREMENT			lbs/day	XXXX			mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	375 Avg Mo	600 Wkly Avg		XXXX	25 Avg Mo	40 Wkly Avg		2/week	24HC	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).	TELEPHONE		DATE		
Gordon H. Miller Asst. Manager, Wastewater Operations		(610) 520-6384	2016	11	23	
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua PA Wastewater, Inc.
ADDRESS 762 W Lancaster Avenue
Bryn Mawr, PA 19010
FACILITY Media Borough STP
LOCATION Upper Providence Twp
Delaware County
WATERSHED 3-G

PA0024121 A-2
PERMIT NUMBER

001
OUTFALL NUMBER

Reporting Frequency: Monthly
DMR Effective From: October 1, 2015
DMR Effective To: October 31, 2017
Permit Expires: October 31, 2017
Permit Application Due: May 4, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2016	10	01	TO	2016	10	31

Check here if No Discharge
NOTE: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD5 Raw Sewage Influent	SAMPLE MEASUREMENT	1368	XXXX	lbs/day	XXXX	134	XXXX	mg/L	0	2/month	24HC
	PERMIT REQUIREMENT	Report Avg Mo	XXXX		XXXX	Report Avg Mo	XXXX		2/month	24HC	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	937	XXXX	lbs/day	XXXX	92	XXXX	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	Report Avg Mo	XXXX		XXXX	Report Avg Mo	XXXX		2/week	24HC	
Total Suspended Solids	SAMPLE MEASUREMENT	96.76	156.24	lbs/day	XXXX	9.26	15.00	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	450 Avg Mo	675 Wkly Avg		XXXX	30 Avg Mo	45 Wkly Avg		2/week	24HC	
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX			#col / 100mL	0	2/week	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	200 Geo Mean	1000 Inst Max		2/week	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX	4	560	#col / 100mL	0	2/week	Grab
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	200 Geo Mean	1000* Inst Max		2/week	Grab	
Total Nitrogen (NO2 + NO3 + TKN)	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX	31.70	XXXX	mg/L	0	2/month	24HC
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	Report Avg Mo	XXXX		2/month	24HC	
Ammonia-Nitrogen May 1 - Oct 31	SAMPLE MEASUREMENT	7.64	XXXX	lbs/day	XXXX	0.74	XXXX	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	30 Avg Mo	XXXX		XXXX	2.0 Avg Mo	XXXX		2/week	24HC	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
Gordon H. Miller Asst. Manager, Wastewater Operations						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 520-6384	2016	11	23
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua PA Wastewater, Inc.
ADDRESS 762 W Lancaster Avenue
Bryn Mawr, PA 19010
FACILITY Media Borough STP
LOCATION Upper Providence Twp
Delaware County
WATERSHED 3-G

PA0024121 A-2	001
PERMIT NUMBER	OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
2016	10	01	TO	2016	10	31

Reporting Frequency: Monthly
DMR Effective From: October 1, 2015
DMR Effective To: October 31, 2017
Permit Expires: October 31, 2017
Permit Application Due: May 4, 2017

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Ammonia-Nitrogen Nov 1 - Apr 30	SAMPLE MEASUREMENT		XXXX	lbs/day	XXXX		XXXX	mg/L	0	2/week	24HC
	PERMIT REQUIREMENT	90 Avg Mo	XXXX		XXXX	6.0 Avg Mo	XXXX		2/week	24HC	
Total Phosphorus	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX	4.50	XXXX	mg/L	0	2/month	24HC
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	Report Avg Mo	XXXX		2/month	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXX	XXXX	XXXX	XXXX	0.02	XXXX	mg/L	0	1/month	24HC
	PERMIT REQUIREMENT	XXXX	XXXX		XXXX	Report Avg Mo	XXXX		1/month	24HC	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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. See 18 Pa C.S. § 4904 (relating to unsworn falsification).				TELEPHONE		DATE			
Gordon H. Miller Asst. Manager, Wastewater Operations						520-6384		2016	11	23	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	11	01		16	11	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.2302	1.5500		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.46	XXXXX	7.05		0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.78	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MGL		Daily	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGL	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGL		2/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	48.34	57.41	LB/DAY	XXXXX	4.69	6.00	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGL		2/Week	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1318. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations		<i>Thomas A. Cicala</i>	(610) 645-4215	2016 12 23
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

1

PAGE 1 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	11	01		16	11	30

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	113.82	276.07	LB/DAY	XXXXX	11.09	27.00	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGL		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	10.00	100.00	COL/100ML	0	8/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	7.31	XXXXX	LB/DAY	XXXXX	0.71	XXXXX	MGL	0	8/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGL		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MGL	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MGL		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(510) 645-4215	2016 12 23
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")

1



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Media Borough STP
LOCATION Upper Providence Township
Delaware County
WATERSHED 3G

PA0024121
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	12	01		16	12	31

Reporting Frequency Monthly
Permit Expires October 31, 2017
Permit Application due May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	1.2891	1.5330	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			Meter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.20	XXXXX	7.26	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				Daily
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.36	XXXXX	XXXXX	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	5.00	XXXXX	XXXXX	MG/L			Daily
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.09	MG/L	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L			Daily
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L			2/Week
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	56.92	69.37	LB/DAY	XXXXX	5.23	6.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L			2/Week

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Thomas A. Cicala
Superintendent, Wastewater Operations
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Stanton H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
(610) 645-4215 2017 01 26
AREA CODE NUMBER YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

1



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Media Borough STP

LOCATION Upper Providence Township
Delaware County

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	158.34	215.23	LB/DAY	XXXXX	14.60	20.00	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	19.00	150.00	* COL/100ML	0	9/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	*COL/100ML		2/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HC
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	5.44	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	9/Month	24HC
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	24HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXX	MG/L	0	1/Month	24HC
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	24HC
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)

Brandon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2017 01 28

YEAR MO DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")

1