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

AQUA PENNSYLVANIA WASTEWATER INC NAME

ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489

AQUA PA MEDIA STP FACILITY

LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063

TELEPHONE 610-645-1197

COUNTY

Delaware REGION EP SE Rgnl Off Norristown

PA	002412	21		001				
PERM	ITNUN	BER		OUTFA	UL NUK	BER		
		MONIT	ORING	PERIOD				
YEAR	MO	MONIT	ORING	PERIOD YEAR	мо	DAY		

Monthly	
01/01/2012 - 01/31/2012	
1	
02/27/2012	
Final Bifluent	
	01/01/2012 - 01/31/2012

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	NG	C	QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.8 Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			ingr.	1/day	Grab
-14	SAMPLE MEASUREMENT				6.3 Min		8 Max	S.U	1/day	Grab
рН	PERMIT MEASUREMENT]	6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	258.6 Avg Mo	359.9 Wkty Avg	lho/dm :		16.1 Avg Mo	23 Wkly Avg		2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/day		30	45	mg/L	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	19.9 Avg Mo		Bertaleur		1.2 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day	and the second	6.0		mg/L -	2/week	24-Hr Composite
D -11	SAMPLE MEASUREMENT	1.9499 Avg Mo	2.406 Daily Max	1400					Continuous	Measured
Flow	PERMIT MEASUREMENT			MGD					Continuous	Measured
	SAMPLE MEASUREMENT					.1 Avg Mo	.024 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab
E. JOK	SAMPLE MEASUREMENT		-			5 Geo Mean			Continuous	Measured
Fecal Coliform	PERMIT	The start of		1		200		CFU/100 ml	2/week	Grab

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TITY OR LOAD	DING	QUANTITY OR CONCENTRATION			N	FREQUENCYOF	SAMPLE TYPE
I ADAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	149.8 Avg Mo	195.4 Wkly Avg	lbs (day)		9.1 Avg Mo	11.7 Wkły Avg		2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25	40	mg/L	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE	DATE		
	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				2012	02	27
	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 unswom falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012 pennsylvania DEPARTMENT OF DIVIDONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC		PA	002412	21]		001		Report Frequency:	Monthly
ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489		PERM	IT NUN	BER	1	OUTFA		/BER	Monitoring Period:	02/01/2012 - 02/29/2012
FACILITY AQUA PA MEDIA STP				_					Submitted By:	
LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063			1	MONT	TORING	PERIOD	-		Submit Date:	03/23/2012
TELEPHONE 610-645-1197		YEAR 2012	MO 02	DAY 01		YEAR 2012	MO 02	DAY 29	Stage:	Final Bifluent
COUNTY Delaware	FROM	2012	02		ТО	2012	02	29	Check here if No Disch	arge
DECKON EP SE Parl Off Norristown										

REGION EP SE Rgnl Off Norristown

PARAMETER		QUAN	NTITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7 Min			ma/l	1/day	Grab
Dissolved Oxygan	PERMIT MEASUREMENT				5.0			mg/L –	1/day	Grab
рH	SAMPLE MEASUREMENT				6.5 Min		8 Max	S.U. –	1/day	Grab
רוק	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	237.1 Avg Mo	339.9 Wkly Avg	- Ibs/day		17.4 Avg Mo	24.5 Wkły Avg		2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lus/day		30	45	mg/L –	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	9.4 Avg Mo		B. Charles		.7 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		- Ibs/day		6.0		mg/L	2/week	24-Hr Composite
D	SAMPLE MEASUREMENT	1.6723 Avg Mo	2.117 Daily Max	1400					Continuous	Measured
Flow	PERMIT MEASUREMENT	21.		MGD		122	No.		Continuous	Measured
	SAMPLE MEASUREMENT					.09 Avg Mo	.22 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab
	SAMPLE MEASUREMENT					2 Geo Mean	1 C		2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT				A. A.	200		CFU/100 ml	2/week	Grab

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITTY OR LOAD	NG	QUANTITY OR CONCENTRATION			N	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	113.1 Avg Mo	166.3 Wkły Avg	lbs/dav		8.3 Avg Mo	12 Wkly Avg	/1	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	10s/day		25	40	mg/L	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2012	03	23
	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 unswom falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	002412	21	1		001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489		PERM	TNUN	BER		OUTFA		IBER	Monitoring Period:	03/01/2012 - 03/31/2012
FACILITY	AQUA PA MEDIA STP									Submitted By:	
LOCATION	635 S RIDLEY CREEK RD, MEDIA, PA - 19063					TORING	PERIOD	1.5		Submit Date:	04/27/2012
TELEPHON	E 610-645-1197		YEAR 2012	MO 03	DAY 01	-	YEAR 2012	MO 03	DAY 31	Stage:	Final Effluent
COUNTY	Delaware	FROM	2012		0.	ТО	2012		<u> </u>	Check here if No Dis	charge

EP SE Rgnl Off Norristown REGION

PARAMETER		QUAN	NTITY OR LOAD	DING	0	QUANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE
Dissolved Oxygen	SAMPLE MEASUREMENT				5.2 Min			mg/L -	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				5.0			ingr.	1/day	Grab
	SAMPLE MEASUREMENT				6.1 Min		7.8 Max	S.U	1/day	Grab
рН	PERMIT MEASUREMENT				6.0	1 des	9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	219.2 Avg Mo	236.3 Wkły Avg	- Ibs/day		15.8 Avg Mo	17.5 Wkly Avg	mall	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	- IDS/Gay		30	45	mg/L -	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	6 Avg Mo		lba (day)		.4 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90	· 资料 · 同	- Ibs/day		6.0		mg/L –	2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.6634 Avg Mo	1.783 Daily Max	MGD					Continuous	Measured
FIOW	PERMIT MEASUREMENT	autica.		MGD			10		Continuous	Measured
	SAMPLE MEASUREMENT					.12 Avg Mo	.33 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT			1		.3	1.0	mg/L –	1/day	Grab
5-10-16-	SAMPLE MEASUREMENT					1 Geo Mean		051//400-1	2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT	(The second second		1		200	Surger 1	CFU/100 ml -	2/week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	QU	ANTITY OR CO	DNCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
FARMIETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE ITFE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	77.2 Avg Mo	92.8 Wkly Avg	lhaddau		5.6 Avg Mo	6.8 Wkły Avg		2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25	40	mg/L -	2/week	24-Hr Composite
Facility Comments			×							

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2012	04	27
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

1.

AME AQUA PENNSYLVANIA WASTEWATER INC		PA	002412	21			001		Report Frequency:	Monthly
DDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489		PERM	ITNUN	IBER		OUTFA		ABER	Monitoring Period:	04/01/2012 - 04/30/2012
ILITY AQUA PA MEDIA STP									Submitted By:	
TION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063			-	MONIT	ORING	PERIOD	Ť		Submit Date:	05/24/2012
HONE 610-645-1197		YEAR	MO	DAY		YEAR	MO	DAY	Stage:	Final Effluent
	FROM	2012	04	01	то	2012	04	30		-
Y Delaware			-0,						Check here if No Dis	scharge
N EP SE Rgnl Off Norristown										

PARAMETER		QUAN	NTITY OR LOAD	DING	C	QUANTITY OR (CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.6 Min			mg/L -	1/day	Grab
Dissurved Oxygen	PERMIT MEASUREMENT				5.0	12 martin		nge	1/day	Grab
pН	SAMPLE MEASUREMENT				6.4 Min		7.6 Max	S.U	1/day	Grab
רוק	PERMIT MEASUREMENT				6.0	Se Rag	9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	313.1 Avg Mo	484.2 Wkty Avg	lbs/day		23.9 Avg Mo	38 Wkly Avg	mg/L -	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	105/0ay		30	45	ngr	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	27.8 Avg Mo		lbs/day		2.1 Avg Mo		mg/L –	2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lus/day	News St	6.0		mgr.	2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.6149 Avg Mo	2.055 Daily Max	MGD					Continuous	Measured
Flow	PERMIT MEASUREMENT	The margine				Alexander and	Sent		Continuous	Measured
	SAMPLE MEASUREMENT					.1 Avg Mo	.34 IMAX	ma/1	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L -	1/day	Grab
	SAMPLE MEASUREMENT					8 Geo Mean		CFU/100 ml -	2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT	long en 4				200	The second		2/week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	QL	ANTITY OR CO	DNCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	81.8 Avg Mo	106.4 Wkły Avg	lba/day		6.1 Avg Mo	8.3 Wkły Avg	ma/l	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25	40	mg/L -	2/week	24-Hr Composite
Facility Comments		···					00			

ATTACHMENT DETAILS

	T		
FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	TELEPHONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inguity of the person or persons who manage the				2012	05	24
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	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 unswom falsification to authorities).	SUBMITTED BY FULL NAME	CODE	NUNDER	TEAR		

PERMITTEE NAME/ADDRESS	SUPPLEMENT SHEET FOR								
(include Facility Name/Location if different)	EXCURSION EXPLANATION								
Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121 PERMIT NUMBER			001					
Client: Little Washington Wastewater Company: Client ID # 62614				DISCHARGE NUMBER					
Address: 762 W Lancaster Avenue	MONITORING PERIOD								
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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/ADD	RESS		-10			LEMENT								
(include Facility Name/L	ocation if different)				DATA FOR	NONTHLY	YAVERAG	ES		_				
Primary Facility: Borou	gh of Media WWTP - Sit	e ID # 452222	P	A0024	121			001						
Client: Little Washingto	n Wastewater Company	: Client ID # 62614	PEF		JMBER		DISCH	DISCHARGE NUMBER		CHARGE NUMBER		ISCHARGE NUMBER		
Address: 762 W Lancas	W Lancaster Avenue			MONITO			ING PERIOD			NOTE: A Blank value for a parameter Indicates no analysis performed. Blank				
Bryn Mawr, P	ennsylvania 19010-348)	YEAR	MO	DAY	то	YEAR	MO	DAY	values are not employed in report				
Municipality: Upper Pro	vidence Township		12	04	01		12	04	30	calculations. See Note on Input Screens for				
County: Delaware					LABO	RATORY	DATA			Lab Data and Field Data.				
Sample Date	Total Suspended Solids	Fecal Coliform	CBO) A	mmonia (N as Nitro									
4/2/2012 8:00:00 AM	29.0000	15.0000	7.500)	0.1	400				×				
4/5/2012 8:00:00 AM	18.0000	2.0000	5.100)	5.1	000								
4/9/2012 8:00:00 AM	6.0000	1.0000	4.800)	0.2	300								
4/12/2012 8:00:00 AM	18.0000	5.0000	4.900	נ	0.4	600								
4/16/2012 7:30:00 AM	18.0000	5.0000	5.300)	0.8	700								
4/19/2012 7:30:00 AM	38.0000	3.0000	6.900	0	0.1	400								
4/23/2012 8:00:00 AM	45.0000	2320.0000	12.000	כ	0.1	600								
4/25/2012 8:00:00 AM		5.0000				_			1	· · · · · · · · · · · · · · · · · · ·				
4/26/2012 8:00:00 AM	31.0000	5.0000	4.600	0	0.2	300								
4/27/2012 8:00:00 AM		5.0000												
4/30/2012 8:00:00 AM	12.0000	20.0000	4.000	0	12.0	0000	х							

AQUA.

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

11 50 Thomas Cicala Superintendant, Wastewater Operations

An Aqua America Company

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC

762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

AQUA PA MEDIA STP FACILITY 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

		MONIT	ORING	PERIOD		
YEAR	мо	DAY		YEAR	MO	DAY
2012	05	01	то	2012	05	31
			YEAR MO DAY	YEAR MO DAY	2042 05 04 2012	YEAR MO DAY YEAR MO

Report Frequency:	Monthly	
Monitoring Period:	05/01/2012 - 05/31/2012	
Submitted By:		
Submit Date:	06/22/2012	

Final Effluent

Check here if No Discharge

Stage:

PARAMETER		QUAN	NTITY OR LOAD	NG	C	QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.2 Min			mg/L -	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT	10月1日1			5.0		Times for	ingr.	1/day	Grab	
	SAMPLE MEASUREMENT				6.3 Min		7.2 Max	S.U.	1/day	Grab	
рН	PERMIT MEASUREMENT			1	6.0		9.0	5.0.	1/day	Grab	
Total Oursearded Calida	SAMPLE MEASUREMENT	277.5 Avg Mo	473.4 Wkly Avg	lbs/day		21.3 Avg Mo	34.5 Wkly Avg	mall	2/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	450	675	ibs/day		30	45	mg/L –	2/week	24-Hr Composite	
A	SAMPLE 3.3 .3 .3 .3 .4	ma/l	2/week	24-Hr Composite							
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0		mg/L –	2/week	24-Hr Composite	
8	SAMPLE MEASUREMENT	1.5412 Avg Mo	1.981 Daily Max	MGD					Continuous	Measured	
Flow	PERMIT MEASUREMENT	A DEL SEL	14 4 mars			- AL	14		Continuous	Measured	
Tetal Desidual Oblasias (TDO)	SAMPLE MEASUREMENT					.11 Avg Mo	.21 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT				Part No.	.3	1.0	mg/L –	1/day	Grab	
Fecal Coliform	SAMPLE MEASUREMENT					14 Geo Mean		CFU/100 ml	2/week	Grab	
	PERMIT		No.	1		200	S.M		2/week	Grab	

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING		QL	QUANTITY OR CONCENTRATION			FREQUENCYOF	SAMPLE TYPE		
FAISIMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	66.5 Avg Mo	79.7 Wkty Avg	lbs/dav		5.2 Avg Mo	5.8 Wkły Avg		2/week	24-Hr Composite	
(CBOD6)	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

SUBMITTED BY GREENPORT USER	TUSER transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		TELEPHONE		DATE		
	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				2012	06	22
	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2012	06	01	то	2012	06	30

Report Frequency:
Monitoring Period:

Submitted By:

.

Stage:

.

Submit Date:

Monthly	
06/01/2012 - 06/30/2012	
07/27/2012	
Final Effluent	

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	NG	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
FARMIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETTFE
Dissolved Oxygen	SAMPLE MEASUREMENT				7 Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT	E TER			5.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.7 Min		7.6 Max	S.U.	1/day	Grab
רע	PERMIT MEASUREMENT	R. C. Fra			6.0		9.0	3.0.	1/day	Grab
T. 10	SAMPLE MEASUREMENT	150.2 Avg Mo	256.4 Wkly Avg	lbs/day		13.7 Avg Mo	21.5 Wkły Avg	mg/l	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	- IDS/day	1.	30	45	mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.2 Avg Mo		lbs/day		.2 Avg Mo			2/week	24-Hr Composite
AnnonaAwilogen	PERMIT MEASUREMENT	30			上記里。	2.0	See 11	mg/L	2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2939 Avg Mo	1.569 Daily Max						Continuous	Measured
FIOW	PERMIT MEASUREMENT			MGD					Continuous	Measured
Tetal Desidual Oblarias (TPC)	SAMPLE MEASUREMENT					.12 Avg Mo	.22 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT				-5 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	.3	1.0	mg/L -	1/day	Grab
	SAMPLE MEASUREMENT					18 Geo Mean			2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT	and the second	Series .	1		200		CFU/100 ml -	2/week	Grab

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the				2012	07	27
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC

762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

AQUA PA MEDIA STP FACILITY

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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY	1	YEAR	мо	DAY
FROM	2012	07	01	то	2012	07	31

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date:

Stage:

Monthly 07/01/2012 - 07/31/2012 08/28/2012 Final Effluent

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.8 Min			mg/L -	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				5.0			ING/L	1/day	Grab
-14	SAMPLE MEASUREMENT				6.8 Min		7.4 Max	S.U	1/day	Grab
рH	PERMIT MEASUREMENT	电声音			6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	77.9 Avg Mo	113,9 Wkty Avg	- ibs/day		7,5 Avg Mo	11 Wkły Avg		2/week	24-Hr Composite
	PERMIT MEASUREMENT	450	675			30	45	mg/L –	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	1.9 Avg Mo	1			.2 Avg Mo		mg/L -	2/week	24-Hr Composite
Anmonia-Nillogen	PERMIT MEASUREMENT	30		lbs/day		2.0			2/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2227 Avg Mo	1.339 Daily Max	MGD					Continuous	Measured
Flow	PERMIT MEASUREMENT		Contract in the	MGD		See .			Continuous	Measured
Total Desidual Oblasias (TDC)	SAMPLE MEASUREMENT					.11 Avg Mo	.17 IMAX	mall	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab
	SAMPLE MEASUREMENT					4 Geo Mean		CFU/100 ml	2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT			1	58 - ¹ -22	200			2/week	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	QUANTITY OR LOADING			ANTITY OR CO	ONCENTRATIO	FREQUENCY OF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	0/ WII EE 111 E
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	32.2 Avg Mo	45.4 Wkły Avg	N (-)		3.1 Avg Mo	4.3 Wkly Avg		2/week	24-Hr Composite
	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the				2012	08	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

AQUA PA MEDIA STP FACILITY

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	мо	DAY			
FROM	2012	08	01	то	2012	08	31			

Report Frequency:	Monthly
Monitoring Period:	08/01/2012
Submitted By:	

08/01/2012 - 08/31/2012	
09/21/2012	

□ Check here if No Discharge

Submit Date:

Stage:

PARAMETER		QUAN	VTITY OR LOAD	ING	C	UANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE ITFE	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1 Min			mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT		-		5.0			ing t	1/day	Grab	
-14	SAMPLE MEASUREMENT				6.9 Min		7.4 Max	S.U	1/day	Grab	
рH	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	109.9 Avg Mo	145.7 Wkly Avg	lbs/day		10.4 Avg Mo	13.5 Wkły Avg	mg/L -	2/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	450	675	ibs/day		30	45	ingre	2/week	24-Hr Composite	
	SAMPLE MEASUREMENT	1.6 Avg Mo	1	lle (dec.		.2 Avg Mo			2/week	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0		mg/L —	2/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	1.2803 Avg Mo	1.523 Daily Max	MGD					Continuous	Measured	
Flow	PERMIT MEASUREMENT			MGD					Continuous	Measured	
Total Desidual Chloring (TDC)	SAMPLE MEASUREMENT					.07 Avg Mo	.09 IMAX	me//	1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	19.000	1.000		19.10	.3	1.0	mg/L –	1/day	Grab	
Facel Onlife and	SAMPLE MEASUREMENT					11 Geo Mean		0711/400 -1	2/week	Grab	
Fecal Coliform	PERMIT MEASUREMENT	Et mailes	STO BLE	1	and seve	200		CFU/100 ml	2/week	Grab	

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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 inguiry of the person or persons who manage the				2012	09	21
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

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
--	-------

AQUA PA MEDIA STP FACILITY

LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063

TELEPHONE 610-645-1197

COUNTY Delaware

REGION EP SE Rgnl Off Norristown

PA0024121	001
PERMITNUMBER	OUTFALL NUMBER

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2012	09	01	то	2012	09	30

Report Frequency:
Monitoring Period:

Submitted By:

Stage:

Submit Date:

10/26/2012 Final Effluent

Monthly

09/01/2012 - 09/30/2012

Check here if No Discharge

PARAMETER		QUA	NTITY OR LOAD	NG	C	QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.9 Min			mg/L	1/day	Grab	
Lissuved Cxygen	PERMIT MEASUREMENT				5.0	with an	1 P	ingr.	1/day	Grab	
	SAMPLE MEASUREMENT				6.9 Min		8.3 Max	S.U	1/day	Grab	
рH	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	173.2 Avg Mo	217 Wkly Avg	lbs/day		15.1 Avg Mo	18 Wkly Avg		2/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/day		30	45	mg/L	2/week	24-Hr Composite	
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.3 Avg Mo		B		.2 Avg Mo		11	2/week	24-Hr Composite	
AnmoniaAntiogen	PERMIT MEASUREMENT	30		lbs/day		2.0	1.0	mg/L -	2/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	1.3538 Avg Mo	1.783 Daily Max	MGD					Continuous	Measured	
FIOW	PERMIT MEASUREMENT			MGD					Continuous	Measured	
Tetal Desidual Chlorine (TDC)	SAMPLE MEASUREMENT					.08 Avg Mo	.15 IMAX	1	1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	R. Barra				.3	1.0	mg/L –	1/day	Grab	
	SAMPLE MEASUREMENT					17 Geo Mean		0511/400	2/week	Grab	
Fecal Coliform	PERMIT MEASUREMENT		and the second	1	inferse-	200		CFU/100 ml	2/week	Grab	

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

SUBMITTED BY GREENPORT USER	· · · · · · · · · · · · · · · · · · ·		TEL	EPHONE		DATE	
	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				2012	10	26
	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

PERMITTEE NAME/ADDRESS	SUPPLEMENT SHEET FOR									
(include Facility Name/Location if different)	EXCURSION EXPL					LANATION				
Primary Facility: Borough of Media WWTP - Site ID # 452222	PA0024121 PERMIT NUMBER				001					
Client: Little Washington Wastewater Company: Client ID # 62614					DISCHARGE NUMBER					
Address: 762 W Lancaster Avenue			MONITO	DRING F	PERIOD		1 million			
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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 repliced. Normal operations were restored.

PERMITTEE NAME/ADD (include Facility Name/L		SUPPLEMENT SHEET DATA FOR MONTHLY AVERAGES											
Primary Facility: Borough of Media WWTP - Site ID # 452222 Client: Little Washington Wastewater Company: Client ID # 62614		F	PA0024121			001			1				
		PEF	ERMIT NUMBER			DISCH	ARGE N	UMBER	1				
Address: 762 W Lancast	ter Avenue				MONITO	RING F	PERIOD		-	NOTE: A Blank value for a parameter			
Bryn Mawr, P	ennsylvania 19010-348	9	YEAR	MO	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report			
Municipality: Upper Prov	vidence Township		12	09	01		12	09	30	calculations. See Note on Input Screens for			
County: Delaware					LABOR	ATORY	DATA			[→] Lab Data and Field Data.			
Sample Date	Total Suspended Solids	Fecal Coliform	CBO) Ar	mmonia (NH as Nitroo								
9/4/2012 8:00:00 AM	19.0000	3.0000	3.300)	0.10	00							
9/6/2012 8:00:00 AM	14.0000	7.0000	3.100)	0.22	00							
9/10/2012 8:00:00 AM	18.0000	7.0000	3.100)	0.63	00							
9/13/2012 7:30:00 AM	18.0000	7.0000	3.200)	0.16	00							
9/17/2012 8:00:00 AM	14.0000	78.0000	4.100)	0.28	00							
9/20/2012 8:00:00 AM	15.0000	8.0000	3.300)	0.11	00							
9/24/2012 8:00:00 AM	15.0000	3550.0000	3.000)	0.10	00							
9/27/2012 8:00:00 AM	7.6000	3.0000	2.300)	0.10	00							

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

			MONIT	ORING	PERIOD		
×.	YEAR	мо	DAY		YEAR	MO	DAY
FROM	2012	10	01	то	2012	10	31

Report Frequency: Monitoring Period:

Submitted By:

Submit Date: Stage:

it Date:

Monthly	
10/01/2012 - 10/31/2012	
11/26/2012	
Final Effluent	

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	DING	G	UANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.3 Min			mg/L -	1/day	Grab
Dissulved Oxygen	PERMIT MEASUREMENT				5.0			ngr	1/day	Grab
	SAMPLE MEASUREMENT				6.8 Min		7.6 Max	S.U	1/day	Grab
рH	PERMIT MEASUREMENT	1			6.0		9.0	5.0.	1/day	Grab
Total Supported Salida	SAMPLE MEASUREMENT	203.5 Avg Mo	420.4 Wkly Avg	- Ibs/day		14.6 Avg Mo	17 Wkly Avg	me/l	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675			30	45	mg/L –	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	7.7 Avg Mo	- II	N-(1		.6 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		- Ibs/day		2.0		mg/L –	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	1.5442 Avg Mo	2.965 Daily Max	1405					Continuous	Measured
Flow	PERMIT MEASUREMENT	6-313 J-		MGD	1.12				Continuous	Measured
Tetal Desidual Oblasiae (TDC)	SAMPLE MEASUREMENT					.06 Avg Mo	.12 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L -	1/day	Grab
	SAMPLE MEASUREMENT					32 Geo Mean			2/week	Grab
Fecal Coliform	PERMIT MEASUREMENT	A THE ASS	Provini	(I		200		CFU/100 ml	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	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JAMIFLE TIFE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	58.5 Avg Mo	123.6 Wkły Avg	lb a (day)		4.2 Avg Mo	5.4 Wkły Avg	mg/L	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	225	375	lbs/day		15	25		2/week	24-Hr Composite
Facility Comments							4			

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2012	11	26
	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	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		CODE				

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

AQUA PA MEDIA STP FACILITY

635 S RIDLEY CREEK RD, MEDIA, PA - 19063 LOCATION

TELEPHONE 610-645-1197

COUNTY

Delaware REGION EP SE Rgnl Off Norristown

PA0024121 001 OUTFALL NUMBER PERMIT NUMBER

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	мо	DAY
FROM	2012	11	01	то	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		QUAN	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIC	N	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETTFE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4 Inst Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0	ika ji ji			1/day	Grab
рН	SAMPLE MEASUREMENT				6.8 InstMin		7.5 IMAX	S.U.	1/day	Grab
μn	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	364.1 Avg Mo	585 Wkly Avg	lbs/day		31.7 Avg Mo	50.5 Wkty Avg		2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	los/uay	19. a ^{ra} a	30	45	- mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	8.3 Avg Mo		lbs/day		.7 Avg Mo			2/week	24-Hr Composite
Ammonia-Nillogen	PERMIT MEASUREMENT	90		los/day		6.0		- mg/L -	2/week	24-Hr Composite
Occurre Total	SAMPLE MEASUREMENT					.038 Avg Mo		-	1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT					L'ARLA		- mg/L -	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.3696 Avg Mo	1.56 Daily Max	NOD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD			Constanting of		Continuous	Metered
	SAMPLE MEASUREMENT					.06 Avg Mo	.11 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	1.00				.3	1.0	mg/L -	1/day	Grab

DISCHARGE MONITORING REPORT (DMR)

DADAMETED	PARAMETER		QUANTITY OR LOADING			ANTITY OR CO	ONCENTRATIO	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETTE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	96 Avg Mo	150.3 Wkły Avg	lba (dm)		8.4 Avg Mo	13 Wkły Avg	- mg/L -	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25 40	40		2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

SUBMITTED BY GREENPORT USER	USER transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		TEL	DATE			
	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				2012	12	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).					_	

PERMITTEE NAME/ADDRESS			SUPPLE	MENT SH	IEET FOR		
(include Facility Name/Location if different)	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	то	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 funtioning normally.

PERMITTEE NAME/ADD											
(include Facility Name/L Primary Facility: Borou		h ID # 452222	DATA FOR MONTHLY AVERAGES PA0024121 001							1	
Client: Little Washington			PERMIT NUMBER			-	DISCI				
Address: 762 W Lancaster Avenue									NOTE: A Blank value for a parameter		
Bryn Mawr, P	YEAR MO DAY TO				YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report			
Municipality: Upper Pro	nicipality: Upper Providence Township				01		12	11	30	calculations. See Note on Input Screens for	
County: Delaware	12 11 01 12 11 30 LABORATORY DATA						Lab Data and Field Data.				
Sample Date	Total Suspended Solids	Fecal Coliform	СВО		mmonia (N as Nitro						
11/2/2012 8:00:00 AM	27.0000	530.0000	7.800	0	0.2	000					
11/6/2012 8:00:00 AM	18.0000	20.0000	6.900	0	0.1	000					
11/8/2012 8:00:00 AM	30.0000	270.0000	6.300	0	0.1	400					
11/12/2012 8:00:00 AM	35.0000	260.0000	6.500	0	0.6	900					
11/15/2012 7:30:00 AM	19.0000	40.0000	5.400	0	0.3	000					
11/19/2012 7:10:00 AM	40.0000	1.0000	11.000	0	2.9	000					
11/21/2012 7:30:00 AM	61.0000		15.000	0	1.5	6000					
11/26/2012 8:00:00 AM	20.0000	11.0000	6.800	0	0.5	900					
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	9.600	0	0.1	000					

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NIA NAT	AQUA PENNSYLVANIA WASTEWATER INC
NAME	AQUA PENNSTLVANIA WASTEWATER INC

ADDDECC	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
ADDRESS	102 VY LANGADIER AVE, DRIN MANYR, FA . 15010-3403

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						
FROM	2012	12	01	то	2012	12	31						

Report Frequency: Monitoring Period:

Submitted By:

Submit Date:

Stage:

Monthly 12/01/2012 - 12/31/2012 01/28/2013 Final Effluent

Check here if No Discharge

PARAMETER		QUAI	NTITY OR LOAD	NG	QL	ANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLL TIFL
Dissolved Oxygen	SAMPLE MEASUREMENT				5.2 Inst Min			mg/L -	1/day	Grab
Lissower Oxygen	PERMIT MEASUREMENT				5.0		128-11	III GAE	1/day	Grab
	SAMPLE MEASUREMENT				6.8 Inst Min		7.4 IMAX	S.U.	1/day	Grab
рH	PERMIT MEASUREMENT		A-20 193		6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	497.2 Avg Mo	687.1 Wkły Avg	lbs/day		40.5 Avg Mo	57.5 Wkly Avg	ma/l	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lus/uay		30	45	mg/L –	2/week	24-Hr Composite
A http://www.	SAMPLE MEASUREMENT	7.4 Avg Mo		like (days		.6 Avg Mo		- mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day		6.0			2/week	24-Hr Composite
0	SAMPLE MEASUREMENT	-				.054 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT	for the				1.	South 1	mg/L –	1/month	24-Hr Composite
D	SAMPLE MEASUREMENT	1.4123 Avg Mo	1.756 Daily Max						Continuous	Metered
Flow	PERMIT MEASUREMENT		La Prix 1	MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.16 Avg Mo	.45 IMAX	(1	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT			1		.3	1.0	mg/L –	1/day	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QL	ANTITY OR CO	DNCENTRATIO	FREQUENCY OF	SAMPLE TYPE	
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	JANIFLE TIFE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	130.7 Avg Mo	177.9 Wkły Avg	line (der s		10.7 Avg Mo	14.8 Wkły Avg		2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25	40	mg/L 2/week	2/week	24-Hr Composite
Facility Comments							6 I I I I I I I I I I I I I I I I I I I			

ATTACHMENT DETAILS

FLE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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 Cl2 results

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHERID	PERIOD	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODEF	UOM
		BEGIN DATE									
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	rng/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

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		TELEPHONE		DATE		
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the				2013	01	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						

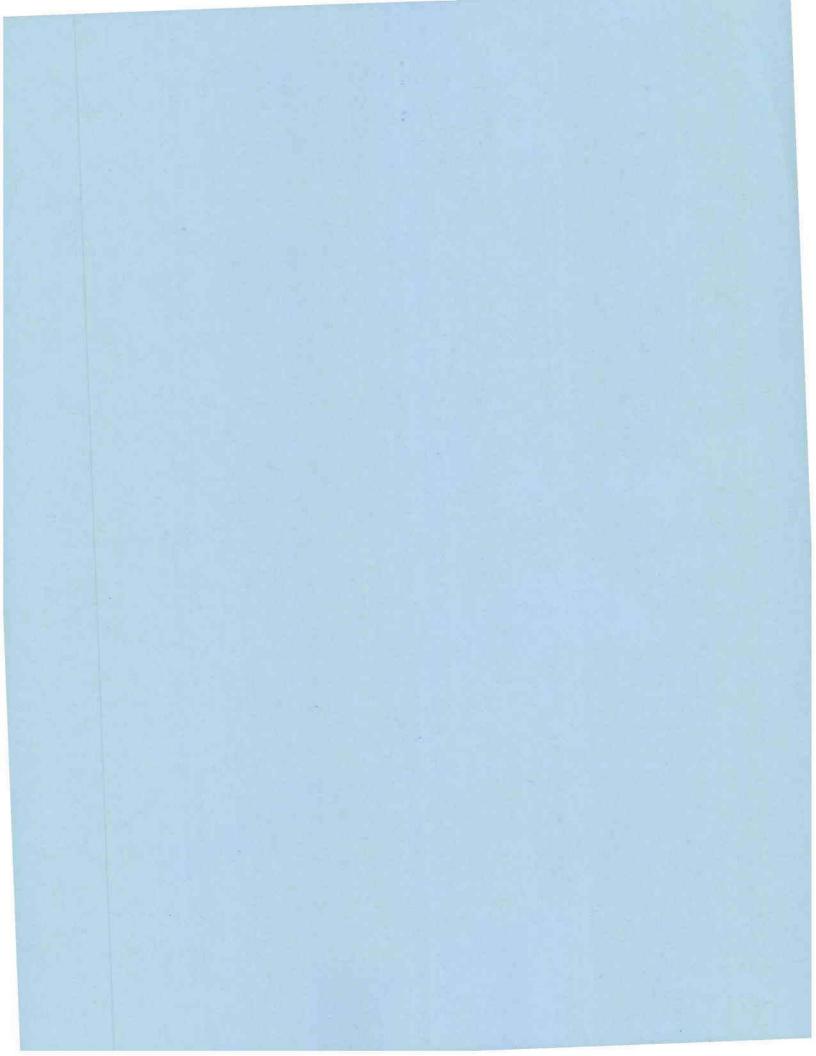
PERMITTEE NAME/ADDRESS	SUPPLEMENT SHEET FOR						
(include Facility Name/Location if different)			EXCURS	ION EXPL	N EXPLANATION		
Primary Facility: Media Borough STP	PA0024121 001						
Client: Little Washington Wastewater Company: Client ID # 62614	PERMIT NUMBER DIS		DISCH	DISCHARGE NUMBER			
Address: 762 W Lancaster Avenue			MONITO	DRING F	PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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, clairifier #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/ADD				LEMENT									
(include Facility Name/L	DATA FOR MONTHLY AVERAGES PA0024121 001							7					
Primary Facility: Media	P	4121	1		001								
Client: Little Washingtor	n Wastewater Company	: Client ID # 62614	PER	RMIT	NUMBER		DISCH	HARGE N	UMBER				
Address: 762 W Lancast	er Avenue				MONIT	ORING I	PERIOD			NOTE: A Blank value for a parameter			
Bryn Mawr, P	ennsylvania 19010-3489)	YEAR	MC	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report			
Municipality: Upper Prov	vidence Township		12	12	01		12	12 12		calculations. See Note on Input Screens for Lab Data and Field Data.			
County: Delaware		LABORATORY DA								Lao Data and Field Data.			
Sample Date	Total Suspended Solids	Fecal Coliform	CBOI)	Ammonia (N as Nitro		Total Co	opper					
12/3/2012 8:00:00 AM	75.0000		15.000	כ	0.8	3900	C	0.0540					
12/6/2012 7:15:00 AM	19.0000	25.0000	6.600	C	0.1	000		×-					
12/7/2012 7:20:00 AM		20.0000											
12/10/2012 8:00:00 AM	19.0000	11.0000	7.600	0	0.2	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	22.000	0	1.1	1000							
12/17/2012 8:00:00 AM	60.0000	3.0000	16.000	0	2.0	0000							
12/20/2012 8:00:00 AM	24.0000	1.0000	5.700	0	0.1	1400							
12/26/2012 7:05:00 AM	13.0000	4_0000	4.900	0	0.1	1600							
12/28/2012 7:20:00 AM	18.0000	5.0000	7.400	0	0.1	1000							



DEPARTMENT OF ENVERONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC
NAME	ACTOR LEANING LEANING AANS LEANUT DUTING

- ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
- AQUA PA MEDIA STP FACILITY

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	мо	DAY		YEAR	мо	DAY					
FROM	2013	01	01	то	2013	01	31					

- Report Frequency: Monitoring Period:
- Submitted By:

Stage:

Submit Date:

02/28/2013

Final Effluent

Monthly

01/01/2013 - 01/31/2013

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	ING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUÉ	UNITS	ANALYSIS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.8 Inst Min			mg/L -	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			ing/L	1/day	Grab	
للم	SAMPLE MEASUREMENT				6.4 Inst Min		7.3 IMAX	S.U.	1/day	Grab	
рН	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	267.3 Avg Mo	450.7 Wkły Avg	lbs/day		25 Avg Mo	40 Wkly Avg	- mg/L -	2/week	24-Hr Composite	
Total Suspendeu Solids	PERMIT MEASUREMENT	450	675			30	45		2/week	24-Hr Composite	
A 10 b Ek 10	SAMPLE MEASUREMENT	4.1 Avg Mo		- Ibs/day		.4 Avg Mo		(1	2/week	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		los/day		6.0		- mg/L -	2/week	24-Hr Composite	
Corner Tatal	SAMPLE MEASUREMENT					.04 Avg Mo			1/year	Grab	
Copper, Total	PERMIT MEASUREMENT	南部建立			-			mg/L –	1/month	24-Hr Composite	
D	SAMPLE MEASUREMENT	1.2908 Avg Mo	1.67 Daily Max	MCD					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered	
	SAMPLE MEASUREMENT					.16 Avg Mo	.49 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	Millians.	1.4.18	1		.3	1.0	mg/L –	1/day	Grab	



DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

SUBMITTED BY GREENPORT USER	NPORT USER transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage t system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowled		TELEPHONE		DATE		
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2013	02	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME 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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2013	02	01	то	2013	02	28

Report Frequency:	
Monitoring Period:	

Submitted By:

Submit Date:

Stage:

03/22/2013

Final Effluent

Monthly

02/01/2013 - 02/28/2013

PARAMETER		QUAN	VTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				9.1 InstMin			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0		में संस्थ		1/day	Grab
рН	SAMPLE MEASUREMENT				6.5 Inst Min	7.2 IMAX		S.U	1/day	Grab
pn	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	245.1 Avg Mo	375.4 Wkty Avg	lbs/day		22.3 Avg Mo	35 Wkły Avg	mg/L –	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	ibs/uay		30	45	ingr.	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	4.9 Avg Mo		N-11-1		.4 Avg Mo		- mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day		6.0			2/week	24-Hr Composite
0	SAMPLE MEASUREMENT					.04 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT		1.19					mg/L –	1/month	24-Hr Composite
8	SAMPLE MEASUREMENT	1.0319 Avg Mo	1.47 Daily Max	100					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.14 Avg Mo	.51 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	T	- stimules			.3	1.0	mg/L –	1/day	Grab

DEPARTMENT OF ENVIRIONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
			VALUE	VALUE	UNITS	ANALYSIS	JANIFLE ITFE			
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	77.5 Avg Mo	91.7 Wkly Avg	lbs/dav		7.1 Avg Mo	8.5 Wkły Avg		2/week	24-Hr Composite
	PERMIT MEASUREMENT	375	600	los/caly	1.330	25	40	mg/L 2/week		24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2013	03	22
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, Irue, 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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012 pennsylvania Department of Environmental Protection

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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2013	03	01	то	2013	03	31

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date: Stage: 03/01/2013 - 03/31/2013 04/26/2013

Final Effluent

Monthly

PARAMETER		QUA	NTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWIFLE ITPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.5 Inst Min			mg/L -	1/day	Grab
Lissured Chygen	PERMIT MEASUREMENT		ne le"t s i		5.0			ing/L	ANALYSIS 1/day 1/day 1/day 1/day 2/week 2/week 2/week 2/week 1/month 1/month Continuous Continuous	Grab
рH	SAMPLE MEASUREMENT				6.6 Inst Min		7.2 IMAX	S.U.	1/day	Grab
рт	PERMIT MEASUREMENT				6.0		9.0	3.0,	ANALYSIS 1/day 1/day 1/day 1/day 2/week 2/week 2/week 2/week 1/month 1/month Continuous Continuous	Grab
	SAMPLE MEASUREMENT	317.7 Avg Mo	378.6 Wkty Avg	lbs/day		27.9 Avg Mo	32 Wkły Avg		2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/uay		30	45	mg/L –	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	14.3 Avg Mo		ll-std-ss		1.2 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90	Personal and	lbs/day		6.0		mg/L –	2/week	24-Hr Composite
0	SAMPLE MEASUREMENT					.06 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							mg/L -	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.3437 Avg Mo	1.679 Daily Max	1100					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD			y POS		Continuous	Metered
	SAMPLE MEASUREMENT					.1 Avg Mo	.26 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	With a	100 L		Sur State	.3	1.0	mg/L –	1/day	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE
TANAMETER		VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE			
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	103.2 Avg Mo	114.4 Wkly Avg	- Ibs/day		9 Avg Mo	9.3 Wkły 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	ATTAHMENT 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

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		TEL	EPHONE	_	DATE	
	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				2013	04	26
	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

AQUA PA MEDIA STP FACILITY 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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	мо	DAY
FROM	2013	04	01	то	2013	04	30

Report Frequency:
Monitoring Period:

Submitted By:

Stage:

Submit Date:

04/01/2013 - 04/30/2013 05/24/2013

Final Effluent

Monthly

PARAMETER		QUA	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIC	N I	FREQUENCY OF	SAMPLE TYPE
FARMINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.2 Inst Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT	T-Peter T			5.0			ingr	ANALYSIS 1/day 1/day 1/day 1/day 2/week 2/week 2/week 2/week 2/week 1/month 1/month 1/month	Grab
pН	SAMPLE MEASUREMENT				6.2 Inst Min		7 IMAX	S.U.	1/day	Grab
μu	PERMIT MEASUREMENT				6.0		9.0	3.0.	ANALYSIS 1/day 1/day 1/day 1/day 2/week 2/week 2/week 2/week 1/month 1/month Continuous	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	273.9 Avg Mo	364.3 Wkly Avg	lbs/day		23 Avg Mo	28 Wkly Avg	mg/L	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lus/day		30	45		2/week	24-Hr Composite
	SAMPLE MEASUREMENT	8.4 Avg Mo		11-11-1		.7 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day		6.0		mg/L	2/week	24-Hr Composite
0 T-1-1	SAMPLE MEASUREMENT					.05 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT	14 44			ast			- mg/L -	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.4191 Avg Mo	1.68 Daily Max	MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT								2/week 2/week 1/month 1/month Continuous Continuous	Metered
	SAMPLE MEASUREMENT					.11 Avg Mo	.46 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	10-10-10-10-10-10-10-10-10-10-10-10-10-1			Service 1	.3	1.0	- mg/L -	1/day	Grab



DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	QL	QUANTITY OR CONCENTRATION		QUANTITY OR CONCENTRATION			FREQUENCY OF	SAMPLE TYPE
FANAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE		
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	95.3 Avg Mo	138.7 Wkty Avg	lbs/dmi		8.1 Avg Mo	12.2 Wkły Avg		2/week	24-Hr Composite		
(CBOD5)	PERMIT MEASUREMENT	375	600	lbs/day		25	40	mg/L -	2/week	24-Hr Composite		
Facility Comments												

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2013	05	24
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION

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
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AQUA PA MEDIA STP FACILITY

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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	мо	DAY
FROM	2013	05	01	то	2013	05	31

Report Frequency:	
Monitoring Period:	

Submitted By:

Submit Date:

Stage:

Monthly 05/01/2013 - 05/31/2013 06/21/2013 Final Effluent

PARAMETER		QUAN	NTITY OR LOAD	NG	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITTE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.5 Inst Min			mg/L –	1/day	Grab
Dissolved Oxyger	PERMIT MEASUREMENT				5.0		24	ingr.	1/day	Grab
-14	SAMPLE MEASUREMENT				6.5 Inst Min		7.1 IMAX	S.U.	1/day	Grab
рH	PERMIT MEASUREMENT	Harth I			6.0		9.0	3.0.	1/day	Grab
Total Overser ded Oalida	SAMPLE MEASUREMENT	293.9 Avg Mo	407.9 Wkly Avg	lb-s/day.		25.4 Avg Mo	35 Wkły Avg	/1	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/day		30	45	mg/L –	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	2.5 Avg Mo		lh-rid-r		.2 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0		- mg/L -	2/week	24-Hr Composite
0 T I I	SAMPLE MEASUREMENT					.05 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT		19 M	1				mg/L -	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.3632 Avg Mo	1.622 Daily Max						Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD		1. A.			Continuous	Metered
	SAMPLE MEASUREMENT					.23 Avg Mo	.7 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	119	5.		S. 1. 1.	.3	1.0	mg/L –	1/day	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	NG	QU	QUANTITY OR CONCENTRATION		QUANTITY OR CONCENTRATION			FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE		
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	82 Avg Mo	99.5 Wkły Avg	lbe/dm/		7.1 Avg Mo	8.5 Wkly Avg		2/week	24-Hr Composite		
	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L	2/week	24-Hr Composite		
Facility Comments												

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TELEPHONE		DATE		
	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				2013	06	21
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

FACILITY LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063

AQUA PA MEDIA STP

TELEPHONE 610-645-1197

COUNTY

Delaware REGION EP SE Rgnl Off Norristown

PA0024121 001 PERMIT NUMBER OUTFALL NUMBER

	÷						
YEAR	MO	DAY		YEAR	MO	DAY	1
2013	06	01	то	2013	06	30	l
				YEAR MO DAY 2013 06 01 TO			

Report Frequency:	
Monitoring Period:	

Submitted By:

Submit Date:

Stage:

06/01/2013 - 06/30/2013	
07/26/2013	

PARAMETER		QUAN	NTITY OR LOAD	NG	QUANTITY OR CONCENTRATION			N	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE ITFE	
Dissolved Oxygen	SAMPLE MEASUREMENT				5.6 Inst Min			mg/L -	1/day	Grab	
Dissurved oxygen	PERMIT MEASUREMENT				5.0			ingr	1/day	Grab	
pH	SAMPLE MEASUREMENT				6.4 InstMin		7.1 IMAX	811	1/day	Grab	
pn	PERMIT MEASUREMENT		10 SE 11		6.0		9.0	S.U	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	365.5 Avg Mo	514.3 Wkly Avg	lbs/day		26.5 Avg Mo	36.5 Wkly Avg	mg/L -	2/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lus/uay		30	45	ingr [2/week	24-Hr Composite	
A	SAMPLE MEASUREMENT	3.1 Avg Mo	·	N=(d=)		.2 Avg Mo			2/week	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0	6.6	mg/L -	2/week	24-Hr Composite	
Concern Total	SAMPLE MEASUREMENT					.09 Avg Mo		11	1/month	24-Hr Composite	
Copper, Total	PERMIT MEASUREMENT						1	mg/L	1/month	24-Hr Composite	
	SAMPLE MEASUREMENT	1.6058 Avg Mo	2.907 Daily Max	1100					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered	
	SAMPLE MEASUREMENT					,17 Avg Mo	.64 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT		- Tiese			.3	1.0	mg/L	1/day	Grab	

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION			FREQUENCYOF	SAMPLE TYPE	
I AIMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWIFLE TIFE
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	82.8 Avg Mo	110.9 Wkły Avg	No.(do.)		6 Avg Mo	8 Wkly Avg	2/week		24-Hr Composite
	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L	mg/L 2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TELEPHONE		DATE		
	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				2013	07	26
	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	AREA	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

N LA NAT	AQUA PENNSYLVANIA WASTEWATER INC
NAME	AQUA FENNS ILYANA WAS IEWATEN ING

ADDDECC	762 W LANCASTER AVE,	ROVN MAWR	PA - 10010-3480
ADDRESS		THE LEAST AND THE REAL PROPERTY AND THE REAL	1 1 - 130 10-0-003

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

			MONIT	ORING	PERIOD		_
6.1	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2013	07	01	то	2013	07	31

Report Frequency: Monitoring Period:

Submitted By:

Submit Date:

Stage:

07/01/2013 - 07/31/2013 08/27/2013 Final Effluent

Monthly

PARAMETER		QUA	VTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE
Dissolved Oxygen	SAMPLE MEASUREMENT				5.5 Inst Min			mg/L -	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				5.0			ing/c	1/day	Grab
-11	SAMPLE MEASUREMENT				6.7 Inst Min		7.4 IMAX	S.U.	1/day	Grab
рH	PERMIT MEASUREMENT				6.0	91 233 16	9.0	3.0.	1/day	Grab
Total Supported Solida	SAMPLE MEASUREMENT	190.5 Avg Mo	270.3 Wkty Avg	lbs/day		15.7 Avg Mo	22.5 Wkty Avg	mg/L -	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	10s/day		30	45	ing/L	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	2.7 Avg Mo		lbs/day		.2 Avg Mo			2/week	24-Hr Composite
Ammonia-Nurogen	PERMIT MEASUREMENT	30		lus/uay		2.0		mg/L –	2/week	24-Hr Composite
Comerce Tatal	SAMPLE MEASUREMENT					.05 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT	1						mg/L –	1/month	24-Hr Composite
B	SAMPLE MEASUREMENT	1.4177 Avg Mo	2.366 Daily Max	MCD				÷	Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLÉ MEASUREMENT					.27 Avg Mo	.88 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIC	N	FREQUENCY OF	SAMPLE TYPE	
r Alometer		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	42.6 Avg Mo	53.4 Wkly Avg	lb a (day a		3.5 Avg Mo	4.5 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	225	375	- Ibs/day		15	25	- mg/L -	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2013	08	27
	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	AREA CODE	NUMBER	YEAR	мо	DAY

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS

AQUA PA MEDIA STP FACILITY

LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063

TELEPHONE 610-645-1197

COUNTY

Delaware REGION EP SE Rgnl Off Norristown

PA0024121 001 OUTFALL NUMBER PERMIT NUMBER MONITORING PERIOD

YEAR	мо	DAY		YEAR	MO	DAY
2013	08	01	то	2013	08	31

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date: Stage:

08/01/2013 - 08/31/2013	
09/23/2013	

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIO	N I	FREQUENCYOF	SAMPLE TYPE
FARAIVETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.5 Inst Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			ingr.	1/day	Grab
	SAMPLE MEASUREMENT				6.7 InstMin		7.3 IMAX	S.U	1/day	Grab
рH	PERMIT MEASUREMENT				6.0	. 2015	9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	205.7 Avg Mo	264.1 Wkty Avg	lbs/day		18.2 Avg Mo	24.5 Wkły Avg	mg/L -	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	105/0ay		30	45	ing/L	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	1.4 Avg Mo		Bertales		.1 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0		mg/L –	2/week	24-Hr Composite
Owner Tabl	SAMPLE MEASUREMENT					.05 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT	1. J. 2 - 5.]		1	- Reput	mg/L -	1/month	24-Hr Composite
D =	SAMPLE MEASUREMENT	1.3215 Avg Mo	1.799 Daily Max	MCD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.34 Avg Mo	.81 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT			•		.3	1.0	mg/L.	1/day	Grab

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	NG	QU	ANTITY OR CO	DNCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	34.6 Avg Mo	37.1 Wkly Avg	lbaddara		3 Avg Mo	3.4 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L -	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
MEDIA_PDF	Legacy Document	12/12/2015 2:58:44 AM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	UOM
		BEGIN DATE	END DATE							CODER	
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

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		TEU	EPHONE		DATE	
	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				2013	09	23
	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 unswom falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

PERMITTEE NAME/ADDRESS			SUPPLE	MENT SH	EET FOR		
(include Facility Name/Location if different)	EXCURSION EXPLANATION						
Primary Facility: Media Borough STP	PA0024121 (B)		001				
Client: Little Washington Wastewater Company	PERMIT NUMBER DISCH		ARGE N	UMBER			
Address: 762 W Lancaster Avenue			MONITO	DRING P	ERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	YEAR	MO	DAY
Municipality: Upper Providence Township	13	80	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/ADDR (include Facility Name/Lo			*		DA		PLEMENT S		GES		
Primary Facility: Media E	Borough STP			PA	0024121	(B)			001		7
Client: Little Washington	Wastewater Compa	ny		PER		ABER		DIS	CHARGE N	UMBER	
Address: 762 W Lancaste	er Avenue					MONI	TORING P	ERIOD			NOTE: A Blank value for a parameter
Bryn Mawr, Pe	ennsylvania 19010-3	489	Y	EAR	MO	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values
Municipality: Upper Prov	idence Township			13	08	01		13	08	31	are not employed in report calculations. See Note on Input Screens for Lab Data and Field
County: Delaware					F	IELD A	ND WEATH	IER DA	ΤΑ		Data.
Data Date	Daily Flow	Flowmeter Reading	Effluent pH		Efflu Dissol		Effluent	CL2	Tempera	Air ture	Precipitation
8/1/2013 7:00:00 AM	1710000	4464958.0000	6.9500		7.1	700	0.1	800		72	0.1

and the second se		and the second se	the second se					
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			SUPPL	EMENT S	SHEET			
(include Facility Name/Location if different)		DA	TA FOR M	IONTHLY	AVERAGE	S		
Primary Facility: Media Borough STP	PA0024121 (B)					001		
Client: Little Washington Wastewater Company	PEF		IBER		DISCH	HARGE N	UMBER	
Address: 762 W Lancaster Avenue	MONITORING PERIOD							NOTE: A Blank value for a parameter
Bryn Mawr, Pennsylvania 19010-3489	YEAR	мо	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank v
Municipality: Upper Providence Township	13	08	01		13	08	31	are not employed in report calculations. Note on Input Screens for Lab Data and I
County: Delaware		F		D WEAT	HER DATA			Data.

k values is. See id 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	-0 -
8/31/2013 7:00:00 AM	1175000	4504751.0000	7.0700	7.1500	0.5600	72	0.0	

3800-FM-BPNPSM0462 3/2012 🎘 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION P

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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489 ADDRESS AQUA PA MEDIA STP FACILITY LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063 TELEPHONE 610-645-1197

5	PA	002412	21		001						
1	PERM	IT NUN	1BER		OUTFA		/IBER				
li	_		_	_	_						
			MONIT	ORING	PERIOD						
	YEAR	MO	DAY		YEAR	мо	DAY				
FROM	2013	09	01	то	2013	09	30				

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

COUNTY Delaware

REGION EP SE Rgnl Off Norristown

QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY OF PARAMETER SAMPLE TYPE ANALYSIS VALUE VALUE UNITS VALUE VALUE VALUE UNITS SAMPLE 7.2 1/day Grab MEASUREMENT Inst Min **Dissolved Oxygen** mg/L PERMIT 5.0 Grab 1/day MEASUREMENT SAMPLE 6.7 7.4 1/day Grab MEASUREMENT Inst Min IMAX pН S.U. PERMIT 6.0 9.0 1/day Grab MEASUREMENT SAMPLE 245.3 424.2 24,2 42 2/week 24-Hr Composite MEASUREMENT Avg Mo Wkly Avg Avg Mo Wkly Avg Total Suspended Solids lbs/day mg/L PERMIT 450 675 30 45 2/week 24-Hr Composite MEASUREMENT SAMPLE 8 .8 2/week 24-Hr Composite MEASUREMENT Avg Mo Avg Mo Ammonia-Nitrogen lbs/day mg/L PERMIT 30 2.0 2/week 24-Hr Composite MEASUREMENT SAMPLE .07 1/month 24-Hr Composite MEASUREMENT Avg Mo Copper, Total mg/L PERMIT 1/month 24-Hr Composite MEASUREMENT SAMPLE 1.251 1.762 Continuous Metered MEASUREMENT Avg Mo Daily Max Flow MGD PERMIT Continuous Metered MEASUREMENT SAMPLE .25 .7 1/day Grab MEASUREMENT Avg Mo IMAX Total Residual Chlorine (TRC) mg/L PERMIT .3 1.0 1/day Grab MEASUREMENT

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TTTY OR LOAD	NG	QU	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE ITFE
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	45.1 Avg Mo	76.8 Wkly Avg	lb-rid-r		4.5 Avg Mo	7.6 Wkły Avg		2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L -	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETALS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2013	10	24
	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 1901	10-3489
---	---------

FACILITY AQUA PA MEDIA STP 635 S RIDLEY CREEK RD, MEDIA, PA - 19063 LOCATION

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					
FROM	2013	10	01	то	2013	10	31					

Report Frequency:
Monitoring Period:

Submitted By:

Stage:

Submit Date:

Monthly 10/01/2013 - 10/31/2013 11/27/2013 Final Effluent

PARAMETER		QUAN	NTITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
TAIMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITF	
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1 Inst Min			mg/L -	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			ingr.	1/day	Grab	
рН	SAMPLE MEASUREMENT				6.6 Inst Min		7.2 IMAX	611	1/day	Grab	
рп	PERMIT MEASUREMENT	- El si li			6.0		9.0	S.U.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	312 Avg Mo	437.1 Wkły Avg	lbs/day		28.7 Avg Mo	41.5 Wkly Avg		2/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	450	675	los/day	30 45	mg/L	2/week	24-Hr Composite			
	SAMPLE MEASUREMENT	4.7 Avg Mo		- Ibs/day		.5 Avg Mo			2/week	24-Hr Composite	
Ammonia-Nitrogen	PERMIT MEASUREMENT	30				2.0		mg/L	2/week	24-Hr Composite	
2	SAMPLE MEASUREMENT					.06 Avg Mo			1/month	24-Hr Composite	
Copper, Total	PERMIT MEASUREMENT	和雪雪						mg/L	1/month	24-Hr Composite	
D	SAMPLE MEASUREMENT	1.2696 Avg Mo	1.629 Daily Max	1100					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD		144 14			Continuous	Metered	
	SAMPLE MEASUREMENT					.16 Avg Mo	.37 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab	

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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

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		TEL	EPHONE		DATE	
	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				2013	11	27
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		0011				

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION P

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

AQUA PA MEDIA STP FACILITY

635 S RIDLEY CREEK RD, MEDIA, PA - 19063 LOCATION

TELEPHONE 610-645-1197

COUNTY Delaware

REGION EP SE Rgnl Off Norristown

PA0024121 001 PERMIT NUMBER OUTFALL NUMBER

	MONITORING PERIOD										
	YEAR	MO	DAY		YEAR	мо	DAY				
FROM	2013	11	01	то	2013	11	30				

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date:

Stage:

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.1 Inst Min			mg/L –	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0	e		ingre	1/day	Grab
рН	SAMPLE MEASUREMENT				6.5 Inst Min	_	7.3 IMAX	S.U	1/day	Grab
Pri	PERMIT MEASUREMENT	利用 。1918年	11. 11		6.0		9.0	5.0.	1/day	Grab
Total Supported Colida	SAMPLE MEASUREMENT	304.2 Avg Mo	400.9 Wkły Avg	lbs/day		30.6 Avg Mo	39.5 Wkly Avg	/1	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/day		30	45	- mg/L -	2/week	24-Hr Composite
Ammonia NEtrogon	SAMPLE MEASUREMENT	2.7 Avg.Mo		lbs/day		.3 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		los/day		6.0		- mg/L -	2/week	24-Hr Composite
Caraca Tatal	SAMPLE MEASUREMENT			_		.07 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							mg/L –	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2547 Avg Mo	2.264 Daily Max	MCD					Continuous	Metered
FIOW	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.15 Avg Mo	.58 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT			1		.3	1.0	mg/L	1/day	Grab

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					3 Geo Mean	220 IMAX	CFU/100 ml	2/week	Grab
Pecal Collorm	PERMIT MEASUREMENT	一点人種な				200	1000	CFU/100 mi	2/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	75.4 Avg Mo	81.5 Wkły Avg	lbs/day		7.6 Avg Mo	8.4 Wkly Avg		2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	libs/day		25	40	mg/L	2/week	24-Hr Composite
Facility Comments			09 E							

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
media_pdf	Legacy Document	12/12/2015 3:19:00 AM	supplementals

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODEF	UOM
		BEGIN DATE									
PA0024121	001	11/01/2013	11/30/2013	CONDI	Total Suspended Solids	5 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

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		TEL	EPHONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the				2013	12	27
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

PERMITTEE NAME/ADDRESS	SUPPLEMENT SHEET FOR						
(include Facility Name/Location if different)	EXCURSION EXPLANATION						
Primary Facility: Medla Borough STP	PA0024121 (B)				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER			DISCHARGE NUMBER			
Address: 762 W Lancaster Avenue			MONITO	DRING F	PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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 ecessive 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/ADD (include Facility Name/L				п	SUPP ATA FOR I			=9		
Primary Facility: Media			PA	0024121				001		1
Client: Little Washington	n Wastewater Company		PER		MBER		DISCH	ARGE N	UMBER	1
Address: 762 W Lancast	ter Avenue				MONIT	DRING P	ERIOD			NOTE: A Blank value for a parameter
Bryn Mawr, P	ennsylvania 19010-348	9	YEAR	MO	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report
Municipality: Upper Pro-	vidence Township		13	11	01		13	11	30	calculations. See Note on Input Screens for
County: Delaware					LABO	RATORY	DATA			Lab Data and Field Data.
Sample Date	Total Suspended Solids	Fecal Coliform	CBOD5	An	nmonia (N as Nitro		Total Co	opper		
11/4/2013 7:15:00 AM	42.0000	1.0000	8.2000		0.1	000	C	.0660		
11/7/2013 7:25:00 AM	37.0000	1.0000	4.8000		0.1	000				
11/11/2013 8:00:00 AM	22.0000	2.0000	7.7000		0.6	500				
11/14/2013 8:00:00 AM	39.0000	220.0000	8.1000		0.1	700				
11/18/2013 8:00:00 AM		1.0000								
11/19/2013 8:00:00 AM	26.0000		7.2000	I	0.4	400				
11/21/2013 8:00:00 AM	33.0000	1.0000	9.5000		0.1	000			_	
11/25/2013 7:20:00 AM	31.0000	2.0000	11.0000		0.3	200				
11/29/2013 7:25:00 AM	15.0000	13.0000	4.5000	Ľ	0.2	600				

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

	PA	002412	21			001			
ų.	PERM		IBER]	OUTFALL NUMBER				
			MONIT	ORING	PERIOD				
1	YEAR	MO	DAY		YEAR	мо	DAY		
FROM	2013	12	01	то	2013	12	31		

Report Frequency:
Monitoring Period:
Submitted By:
Submit Date:

Stage:

12/01/2013 - 12/31/2013	
01/28/2014	

PARAMETER		QUAN	NTITY OR LOAD	NG	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		SAMELE THE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5 Inst Min			mg/L -	1/day	Grab
Dissultad Oxygan	PERMIT MEASUREMENT			· ·	5.0			ng/L	1/day	Grab
pН	SAMPLE MEASUREMENT				6.8 Inst Min		6.8 IMAX	S.U. –	1/day	Grab
рп	PERMIT MEASUREMENT	Sha a d			6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	267.4 Avg Mo	267.4 Wkly Avg	lbs/day		36.7 Avg Mo	38.5 Wkly Avg		2/week	24-Hr Composite
Total Suspendeu Sonos	PERMIT MEASUREMENT	450	675	105/day		30	45	mg/L –	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	2.4 Avg Mo		ll-a/day.		.6 Avg Mo		- mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		- Ibs/day		6.0			2/week	24-Hr Composite
0 T++	SAMPLE MEASUREMENT					.07 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							mg/L –	1/month	24-Hr Composite
Devi	SAMPLE MEASUREMENT	1.2357 Avg Mo	1.252 Daily Max	MOD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.08 Avg Mo	.08 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	in and the second se	P	1		.3	1.0	mg/L –	1/day	Grab

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	NTITY OR LOAD	NG	C	UANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE
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	SAMPLE MEASUREMENT	98.7 Avg Mo	98.7 Wkly Avg	lbs/day		7.7 Avg Mo	7.7 Wkly Avg	ma/l	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	ibs/day		25	40	mg/L -	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODEF	UOM
		BEGIN DATE									
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

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		TEL	EPHONE			
	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				2014	01	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						

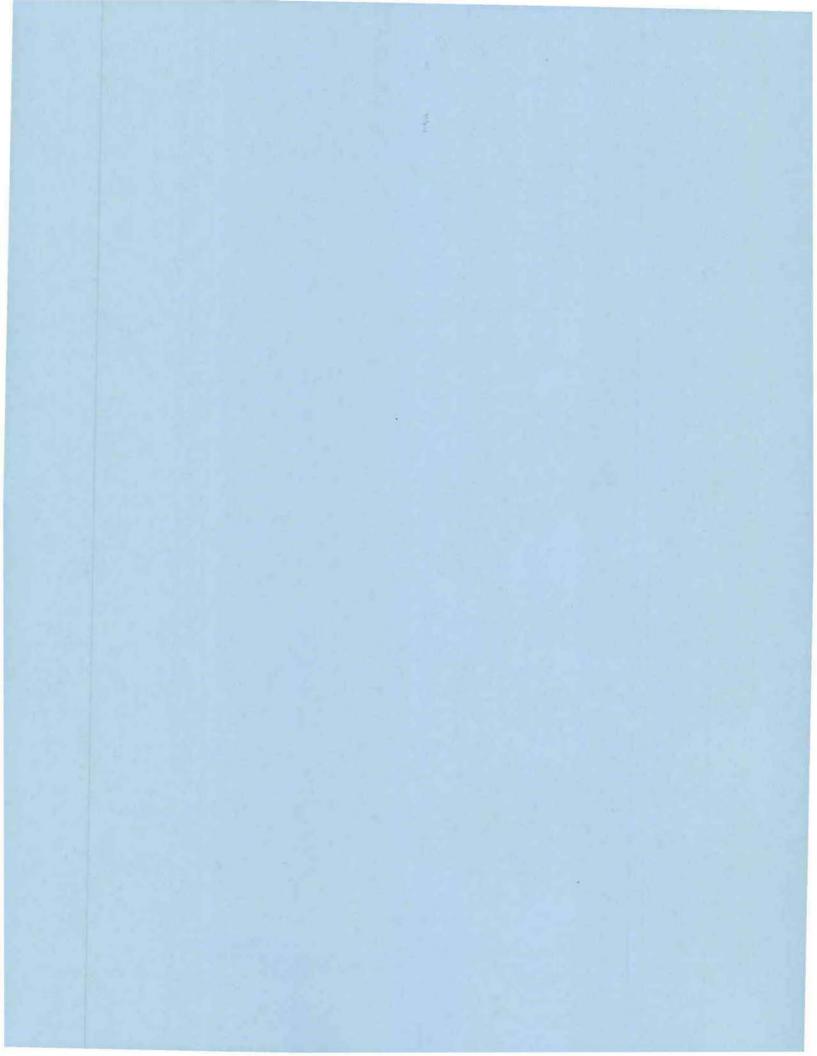
PERMITTEE NAME/ADDRESS	SUPPLEMENT SHEET FOR							
(include Facility Name/Location if different)	EXCURSION EXPLANATION							
Primary Facility: Media Borough STP	PA0024121 (B) PERMIT NUMBER				001 DISCHARGE NUMBER			
Client: Little Washington Wastewater Company								
Address: 762 W Lancaster Avenue	MONITORING PERIOD							
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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.

RESS ocation if different)			D				ES					
Borough STP		PA					001]			
Wastewater Company		PEF	PERMIT NUMBER			DISCH	ARGE N	UMBER	1			
er Avenue			MONITO						NOTE: A Blank value for a parameter indicates no analysis performed. Blank values are not employed in report			
ennsylvania 19010-348	9	YEAR MO DAY TO		YEAR	MO	DAY						
Municipality: Upper Providence Township			13 12 01	13	12	31	calculations. See Note on Input Screens for Lab Data and Field Data.					
		LABORATORY DATA										
Total Suspended Solids	Fecal Coliform	CBOD	5 An			Total Co	opper					
26.0000	33.0000	9.600)	0.6900		C	.0670					
51.0000	1.0000	5.800)	0.2	2900							
33.0000	550.0000	14.000)	0.9	9100							
37.0000	6.0000	14.000)	0.1	1000							
49.0000	11.0000	13.000)	6.4	4000							
63.0000	820.0000	11.000)	1.3	2000							
17.0000	108.0000	5.800	2	2.3	3000							
21.0000	7.0000	6.700)	0.2	2000							
	5.0000											
18.0000	1.0000	10.000	0	2.1	1000							
	Decation if different) Borough STP Wastewater Company er Avenue ennsylvania 19010-3489 idence Township Total Suspended Solids 26.0000 51.0000 33.0000 49.0000 63.0000 17.0000 21.0000	Total Suspended Solids Fecal Coliform 26.0000 33.0000 51.0000 1.0000 33.0000 550.0000 37.0000 6.0000 11.0000 11.0000 17.0000 108.0000 17.0000 108.0000 17.0000 108.0000 17.0000 5.0000	Total Suspended Solids Fecal Coliform CBODS 26.0000 33.0000 9.6000 51.0000 1.0000 5.8000 37.0000 6.0000 14.0000 49.0000 11.0000 5.8000 17.0000 108.0000 10.0000 53.0000 550.0000 14.0000 37.0000 6.0000 14.0000 17.0000 108.0000 5.8000 21.0000 7.0000 6.7000	Decation if different) D Borough STP PA0024121 Wastewater Company PERMIT NU ennsylvania 19010-3489 YEAR MO idence Township 13 12 Total Suspended Solids Fecal Coliform CBOD5 An 26.0000 33.0000 9.6000 51.0000 1.0000 5.8000 33.0000 550.0000 14.0000 5.8000 14.0000 13.0000 12.0000 12.0000 13.0000 5.8000 12.0000 13.0000 5.8000 12.0000 5.8000 12.0000 5.8000 12.0000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 5.8000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 <td>Data For Data For Borough STP PA0024121 (B) Wastewater Company PERMIT NUMBER er Avenue MONIT fidence Township 13 26.0000 33.0000 51.0000 1.0000 33.0000 550.0000 49.0000 11.0000 <</td> <td>Data For Monthly Borough STP PA0024121 (B) Wastewater Company PERMIT NUMBER er Avenue MONITORING F er Avenue LABORATORY Total Suspended Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen 26.0000 1.0000 5.8000 0.2900 33.0000 6.0000 14.0000 0.9100 37.0000 820.0000 11.0</td> <td>Data For Montrilly AVERAGE Borough STP PA0024121 (B) Discrete Wastewater Company PERMIT NUMBER Discrete er Avenue MONITORING PERIOD Discrete annsylvania 19010-3489 YEAR MO DAY TO YEAR idence Township 13 12 01 TO YEAR 13 Total Suspended Solids Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen Total Co as Nitrogen 26.0000 33.0000 9.6000 0.9900 0 33.0000 550.0000 14.0000 0.9100 2 49.0000 11.0000 13.0000 6.4000 2 17.0000 108.0000 5.8000 2.3000 2 17.0000 108.0000 5.8000 2.3000 2 17.0000 7.0000 6.7000 0.2000 2</td> <td>DATA FOR MONTHLY AVERAGES Borough STP PA0024121 (B) 001 Wastewater Company PERMIT NUMBER DISCHARGE N er Avenue MONITORING PERIOD DISCHARGE N er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue Total Suspended Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen Total Copper 26.0000 33.0000 550.0000 14.000 0.9100 . . . 33.0000 620.0000 11.000 1.2000 49.0000 108.0000 5.8000 2.3000 . .</td> <td>Data FOR MONTHLY AVERAGES Borough STP PA0024121 (B) 001 Wastewater Company PERMIT NUMBER DISCHARGE NUMBER Provision of different) YEAR MO DAY TO YEAR MO DAY annsvivania 19010-3489 YEAR MO DAY TO YEAR MO DAY annsvivania 19010-3489 YEAR MO DAY TO YEAR MO DAY idence Township 13 12 01 Total Copper Site 31 <td< td=""></td<></td>	Data For Data For Borough STP PA0024121 (B) Wastewater Company PERMIT NUMBER er Avenue MONIT fidence Township 13 26.0000 33.0000 51.0000 1.0000 33.0000 550.0000 49.0000 11.0000 <	Data For Monthly Borough STP PA0024121 (B) Wastewater Company PERMIT NUMBER er Avenue MONITORING F er Avenue LABORATORY Total Suspended Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen 26.0000 1.0000 5.8000 0.2900 33.0000 6.0000 14.0000 0.9100 37.0000 820.0000 11.0	Data For Montrilly AVERAGE Borough STP PA0024121 (B) Discrete Wastewater Company PERMIT NUMBER Discrete er Avenue MONITORING PERIOD Discrete annsylvania 19010-3489 YEAR MO DAY TO YEAR idence Township 13 12 01 TO YEAR 13 Total Suspended Solids Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen Total Co as Nitrogen 26.0000 33.0000 9.6000 0.9900 0 33.0000 550.0000 14.0000 0.9100 2 49.0000 11.0000 13.0000 6.4000 2 17.0000 108.0000 5.8000 2.3000 2 17.0000 108.0000 5.8000 2.3000 2 17.0000 7.0000 6.7000 0.2000 2	DATA FOR MONTHLY AVERAGES Borough STP PA0024121 (B) 001 Wastewater Company PERMIT NUMBER DISCHARGE N er Avenue MONITORING PERIOD DISCHARGE N er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue MONITORING PERIOD TO YEAR MO DAY TO YEAR MO er Avenue Total Suspended Fecal Coliform CBOD5 Ammonia (NH3) as Nitrogen Total Copper 26.0000 33.0000 550.0000 14.000 0.9100 . . . 33.0000 620.0000 11.000 1.2000 49.0000 108.0000 5.8000 2.3000 . .	Data FOR MONTHLY AVERAGES Borough STP PA0024121 (B) 001 Wastewater Company PERMIT NUMBER DISCHARGE NUMBER Provision of different) YEAR MO DAY TO YEAR MO DAY annsvivania 19010-3489 YEAR MO DAY TO YEAR MO DAY annsvivania 19010-3489 YEAR MO DAY TO YEAR MO DAY idence Township 13 12 01 Total Copper Site 31 <td< td=""></td<>			



3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION P

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

ADDDESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010	2489
ADDRESS	102 W LANGASTER AVE, DRITH NAWR, FA - 19010	-0403

FACILITY AQUA PA MEDIA STP

635 S RIDLEY CREEK RD, MEDIA, PA - 19063 LOCATION TELEPHONE 610-645-1197

Delaware COUNTY

EP SE Rgnl Off Norristown REGION

PA0024121 001 PERMIT NUMBER OUTFALL NUMBER

	MONITORING PERIOD											
- P.	YEAR MO DAY				YEAR	мо	DAY					
FROM	2014	01	01	то	2014	01	31					

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date:

Stage:

Monthly 01/01/2014 - 01/31/2014 02/28/2014 Final Effluent

PARAMETER		QUAN	VTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETIFE
Dissolved Oxygen	SAMPLE MEASUREMENT				7 Inst Min			mg/L –	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				5.0			ingr.	1/day	Grab
-14	SAMPLE MEASUREMENT				6.4 Inst Min		7.3 IMAX	S.U	1/day	Grab
рH	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	424 Avg Mo	888.8 Wkły Avg	lbs/day		38 Avg Mo	83 Wkły Avg	mg/l	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	US/Uay		30	45	mg/L	2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	25.3 Avg Mo		- Ibs/day		2.3 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90	144 Sec. 1	- ios/day		6.0		- mg/L -	2/week	24-Hr Composite
Conserve Tetal	SAMPLE MEASUREMENT					.05 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT	1 1 1 1 2 2	15 Store					- mg/L -	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.3891 Avg Mo	1.975 Daily Max	MCD					Continuous	Metered
Flow	PERMIT MEASUREMENT	and the second		MGD				1	Continuous	Metered
Total Desidual Chloring (TDC)	SAMPLE MEASUREMENT					.12 Avg Mo	.27 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	S. Sale	no takin	1	1 5 5 7	.3	1.0	- mg/L -	1/day	Grab

3800-FM-BPNPSM0462 3/2012 pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	NG	C	UANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					8 Geo Mean	690 IMAX	CFU/100 ml	2/week	Grab
Fecal Collorm	PERMIT MEASUREMENT					200	1000		2/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	159.4 Avg Mo	196.6 Wkly Avg	lbs/day		14.4 Avg Mo	18.3 Wkly Avg	mall	2/week	24-Hr Composite
(CBOD5)	PERMIT	375	600	us/day		25	40	mg/L –	2/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
		BEGIN DATE									
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	CONIDI	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

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		TEL	EPHONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the				2014	02	28
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge		AREA				
	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 unswom falsification to authorities).	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY

PERMITTEE NAME/ADDRESS			SUPPLE	MENT SH	EET FOR		
(include Facility Name/Location if different)			EXCURS	ON EXPI	ANATION		
Primary Facility: Media Borough STP	PA	0024121	(B)			001	
Client: Little Washington Wastewater Company	PER		IBER		DISCH	ARGE N	UMBER
Address: 762 W Lancaster Avenue			MONITO	DRING F	PERIOD		
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	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 normality at this time.

PERMITTEE NAME/ADD						PLEMENT	-			
(include Facility Name/I					DATA FOR	MONTHLY	AVERAG			٦
Primary Facility: Media	Borough STP		PA	002412	21 (B)			001		
Client: Little Washingto	on Wastewater Company	1	PER	RMIT N	UMBER		DISCH	HARGE N	UMBER	
Address: 762 W Lancas	ster Avenue				MONIT	TORING F	ERIOD			NOTE: A Blank value for a parameter indicates no analysis performed. Blank
Bryn Mawr, F	Pennsylvania 19010-348	9	YEAR	MO	DAY	то	YEAR	MO	DAY	values are not employed in report
Municipality: Upper Pro	ovidence Township		14	01	01		14	01	31	calculations. See Note on Input Screens for
County: Delaware					LABO	ORATORY	DATA			[→] Lab Data and Field Data.
Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	5 A	Ammonia (as Nitro		Total Co	opper		
1/2/2014 8:00:00 AM	83.0000	35.0000	13.0000	<u>ר</u> כ	3	.0000	C	0.0490		
1/7/2014 7:30:00 AM	29.0000	1.0000	9.3000	D	2	.3000				
1/10/2014 7:30:00 AM	59.0000	48.0000	10.000	C	3	.7000				
1/13/2014 8:00:00 AM	28.0000	690.0000	15.000	0	0	.9200				
1/17/2014 8:00:00 AM	36.0000		16.0000	C	1	.7000				
1/20/2014 8:00:00 AM	31.0000	1.0000	18.000	C	0	.6600				
1/21/2014 8:00:00 AM	31.0000		18.000	כ	0	.6600				
1/23/2014 8:00:00 AM		1.0000								
1/24/2014 8:00:00 AM	29.0000	16.0000	19.000	D	2	.4000				
1/27/2014 7:45:00 AM	27.0000	1.0000	12.000	D	0	.8700				
1/30/2014 7:35:00 AM	27.0000	5.0000	14.000	0	6	.6000				

3800-FM-BPNPSM0462 3/2012 DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

AQUA PA MEDIA STP FACILITY

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				
FROM	2014	02	01	то	2014	02	28				

Report Frequency: Monitoring Period:

Submitted By:

Stage:

Submit Date:

02/01/2014 - 02/28/2014	
03/28/2014	

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	S ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				8.1 Inst Min			- mg/L	1/day	Grab
	PERMIT MEASUREMENT				5.0				1/day	Grab
-11	SAMPLE MEASUREMENT				6.4 InstMin		S.U. –	1/day	Grab	
рН	PERMIT MEASUREMENT			1	6.0		9.0	5.0.	1/day	Grab
T. 1.0	SAMPLE MEASUREMENT	456.7 Avg Mo	1049.9 Wkly Avg	lbe/der/		33.5 Avg Mo	47.5 Wkly Avg	- mg/L -	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	- Ibs/day		30	45		2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	39.8 Avg Mo		- Ibs/day		3.5 Avg Mo		- mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90				6.0			2/week	24-Hr Composite
Copper, Total	SAMPLE MEASUREMENT					.03 Avg Mo		- mg/L -	1/month	24-Hr Composite
	PERMIT MEASUREMENT				En mai				1/month	24-Hr Composite
P	SAMPLE MEASUREMENT	Avg Mo	Daily Max	MGD					1/month	24-Hr Composite
Flow	PERMIT MEASUREMENT			1 MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.11 .48 Avg Mo IMAX		1/day	Grab	
	PERMIT			1		.3	1.0	mg/L -	1/day	Grab

3800-FM-BPNPSM0462 3/2012

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE ITE	
Fecal Coliform	SAMPLE MEASUREMENT					61 Geo Mean	1100 IMAX	CFU/100 ml	2/week	Grab	
	PERMIT MEASUREMENT		1. A. 10- 197		2.04 	200	1000		2/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	163.1 Avg Mo	194.8 Wkly Avg	lbs/day		12.3 Avg Mo	15.5 Wkly Avg		mall	2/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	375	600	lus/day		25	40	mg/L –	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHERID	PERIOD	PERIÓD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	UOM
		BEGIN DATE	END DATE							CODER	
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		TEL	EPHONE	DATE		
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that gualified personnel gather and evaluate the information submitted. Based on your inguiry of the person or persons who manage the				2014	03	28
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).		· · · · · · · · · · · · · · · · · · ·				

PERMITTEE NA ADDRESS	5 LEMENT SHEET FOR						
(include Facility Name/Location if different)	EX-JRSION EXPLANATION						
Primary Facility: Media Borough STP	PA0024121 (B) 001				001		
Client: Little Washington Wastewater Company	PERMIT NUMBER DISCHARG				ARGE N	RGE NUMBER	
Address: 762 W Lancaster Avenue	MONITORING PERIOD						
Bryn Mawr, Pennsylvania 19010-3489	YEAR	MO	DAY	то	YEAR	мо	DAY
Municipality: Upper Providence Township	14 02 01 14 02					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 NAI DD (include Facility Name/L	RESS .ocation if different)			D			SHEET Y AVERAGI	ES					
Primary Facility: Media	Borough STP		PA	0024121	I (B)			001]			
Client: Little Washington	n Wastewater Company		PER	MIT NU	MBER		DISCH	ARGE N	UMBER				
Address: 762 W Lancast	ter Avenue				MONIT	ORING F	PERIOD			NOTE: A Blank value for a parameter			
Bryn Mawr, P	ennsylvania 19010-3489)	YEAR	MO	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report			
Municipality: Upper Pro	ovidence Township		14	02	01	01		14 02		calculations. See Note on Input Screens for Lab Data and Field Data.			
County: Delaware					LABO	RATORY	DATA			Lab Data and Field Data.			
Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	5 An	nmonia (N as Nitro		Total Co	opper					
2/3/2014 7:45:00 AM	33.0000	2.0000	15.0000		3.0	0000				4.5 A.S.			
2/6/2014 8:00:00 AM	32.0000	105.0000	16.0000)	3.9	0000	C	0.0290					
2/10/2014 8:00:00 AM		1.0000											
2/11/2014 8:00:00 AM	30.0000		15.0000)	3.7	000							
2/14/2014 8:30:00 AM	31.0000	22.0000	13.0000)	4.7	000							
2/17/2014 7:30:00 AM	29.0000	67.0000	13.0000)	5.8	8000							
2/20/2014 8:00:00 AM	18.0000	770.0000	8.3000)	0.6	500							
2/24/2014 8:00:00 AM	78.0000	750.0000	11.0000)	3.8	8000							
2/27/2014 8:00:00 AM	17.0000	1100.0000	6.9000	0	2.5	5000							

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3489
ADDRESS	TOZ W LAWGADTER AVE, DRIN MANN, FA - 15010-0405

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

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	мо	DAY
FROM	2014	03	01	то	2014	03	31

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date:

Stage:

Monthly 03/01/2014 - 03/31/2014 04/27/2014 Final Effluent

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	NG	QL	IANTITY OR CO	ONCENTRATIC	N	FREQUENCYOF	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.9 Inst Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				5.0			I IIgr	1/day	Grab
-11	SAMPLE MEASUREMENT				6.4 Inst Min		7 IMAX	S.U	1/day	Grab
рH	PERMIT MEASUREMENT				6.0		9.0	1 5.0.	1/day	Grab
Total Quantation Calida	SAMPLE MEASUREMENT	180.1 Avg Mo	208.6 Wkty Avg	lbs/des		13.9 Avg Mo	17.5 Wkły Avg		2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	lbs/day		30	45	- mg/L -	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	19.1 Avg Mo				1.5 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day		6.0		mg/L –	2/week	24-Hr Composite
0	SAMPLE MEASUREMENT					.03 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT		The set Server	1				mg/L –	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.6425 Avg Mo	2.62 Daily Max						Continuous	Metered
Flow	PERMIT MEASUREMENT		E BERT	MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.13 Avg Mo	.46 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT			1	n ne	.3	1.0	- mg/L -	1/day	Grab

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHERID	PERIOD	PERIOD	TYPE			BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
		BEGIN DATE	END DATE								
PA0024121	001	03/01/2014	03/31/2014	CONDI	Fecal Coliform	3	Instantaneous Maximun	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		TEL	EPHONE		DATE	
	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				2014	04	27
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).						

PERMITTEE NAME/ADDRESS SUPPLEMENT SHEET FOR (include Facility Name/Location if different) **EXCURSION EXPLANATION** PA0024121 Primary Facility: Media Borough STP 001 **Client: Little Washington Wastewater Company** DISCHARGE NUMBER PERMIT NUMBER Address: 762 W Lancaster Avenue MONITORING PERIOD Bryn Mawr, Pennsylvania 19010-3489 YEAR MO DAY YEAR MO DAY TO 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 an egatively 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 propert

PERMITTEE NAME/ADD (include Facility Name/I				C		LEMENT	SHEET Y AVERAG	ES					
Primary Facility: Media	Borough STP		F	A00241	21			001					
Client: Little Washingto	on Wastewater Company	1	PEF	RMIT NU	MBER		DISCHARGE NUMBER]			
Address: 762 W Lancas	ster Avenue		MONITORING PERIOD							NOTE: A Blank value for a parameter			
Bryn Mawr, F	Pennsylvania 19010-348	9	YEAR	MO	DAY	то	YEAR	MO	DAY	indicates no analysis performed. Blank values are not employed in report			
Municipality: Upper Pro	ovidence Township		14	03	01		14	03	31	calculations. See Note on Input Screens for Lab Data and Field Data.			
County: Delaware					LABO								
Sample Date	Total Suspended Solids	Fecal Coliform	CBOD	5 Ar	nmonia (N as Nitro		Total Co	opper					
3/3/2014 8:00:00 AM	18.0000	4430.0000	13.000	0	1.8	8000	(0.0300					
3/6/2014 8:00:00 AM	17.0000	6490.0000	9.500	0	3.4	4000	(0.0290					
3/7/2014 8:00:00 AM		4100.0000											
3/10/2014 8:00:00 AM	14.0000	1.0000	5.500	0	5.0	0000							
3/13/2014 7:40:00 AM	17.0000	0.0000	8.400	0	1.9	9000			_				
3/18/2014 8:00:00 AM	13 0000	35.0000	5.800	0	0.	1000							
3/19/2014 8:00:00 AM		1.0000			0.	7900							
3/20/2014 8:00:00 AM	12,0000	1.0000	5.800	0	0.	2200							
3/21/2014 7:30:00 AM		1310.0000		_									
3/24/2014 8:00:00 AM	11.0000	1.0000	5.300	0	0.	2800		0.0270					
3/25/2014 8:00:00 AM		1.0000											
3/27/2014 8:00:00 AM	9 3000	1.0000	6.100	0	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
- AQUA PA MEDIA STP FACILITY
- 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

Ì	MONITORING PERIOD											
	YEAR	MO	DAY		YEAR	MO	DAY					
FROM	2014	04	01	то	2014	04	30					

- Report Frequency: Monitoring Period:
- Submitted By:

Stage:

- Submit Date:

Monthly 04/01/2014 - 04/30/2014 05/28/2014 Final Effluent

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE TIFE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5 Inst Min			mg/L -	1/day	Grab
Lissural Crygan	PERMIT MEASUREMENT				5.0			ingre	1/day	Grab
рH	SAMPLE MEASUREMENT				6.4 Inst Min		7 IMAX	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	265.1 Avg Mo	435.1 Wkły Avg	lbs/day		18.1 Avg Mo	29 Wkly Avg	mall	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	los/day		30	45	mg/L	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	18.6 Avg Mo		Bentfitzen		1.2 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	90		lbs/day		6.0		mg/L	2/week	24-Hr Composite
0	SAMPLE MEASUREMENT					.03 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							mg/L	1/month	24-Hr Composite
	SAMPLE MEASUREMENT	1.8629 Avg Mo	4.374 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT								Continuous	Metered
	SAMPLE MEASUREMENT					.11 Avg Mo	.34 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT		3. V E-4.			.3	1.0	mg/L	1/day	Grab

3800-FM-BPNPSM0462 3/2012

Pennsylvania Department OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			<u>د</u>	UANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	6 IMAX	CFU/100 ml	2/week	Grab	
Fecal Comorn	PERMIT MEASUREMENT					200	1000		2/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	85.2 Avg Mo	90.7 Wkty Avg	lbs/day		5.8 Avg Mo	6.6 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	375	600	libs/day		25	40	mg/L	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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		TEL	EPHONE		DATE	
	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				2014	05	28
	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	AREA CODE	NUMBER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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	мо	DAY			
FROM	2014	05	01	то	2014	05	31			

Report Frequency:
Monitoring Period:
Submitted By:

Submit Date:

Stage:

Monthly 05/01/2014 - 05/31/2014 06/20/2014

Final Effluent

Check here if No Discharge

PARAMETER		QUAN	VITITY OR LOAD	NG	QL	ANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITF
Dissolved Oxygen	SAMPLE MEASUREMENT				7.7 Inst Min			mg/L -	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT	Sal Lin			5.0				1/day	Grab
рН	SAMPLE MEASUREMENT				5 Inst Min		7 IMAX	S.U. –	1/day	Grab
рп	PERMIT MEASUREMENT	a and a second			6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	Total Suspended Solids SAMPLE 132.5 170.6 8.6 8.6 Avg Mo Wkly Avg	8.6 Avg Mo	11 Wkly Avg	mg/L -	2/week	24-Hr Composite				
Total Susperided Solids	PERMIT MEASUREMENT	450	675	1 IDS/0ay		30	45	mg/∟	2/week	24-Hr Composite
	SAMPLE MEASUREMENT	3,9 Avg Mo		Decident		.3 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	30		lbs/day		2.0		mg/L –	2/week	24-Hr Composite
Correct Total	SAMPLE MEASUREMENT					.02 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							mg/L	1/month	24-Hr Composite
Davi	SAMPLE MEASUREMENT	1.8539 Avg Mo	0 Daily Max	MCD					Continuous	Metered
Flow	PERMIT MÉASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.11 Avg Mo	.48 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.3	1.0	mg/L –	1/day	Grab

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			C	UANTITY OR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FAMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	38 IMAX	CFU/100 ml	2/week	Grab	
Pecal Collorm	PERMIT MEASUREMENT		18 是得			200	1000	C-Unito mi	2/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	56.3 Avg Mo	65.5 Wkly Avg	lbs/day	1.	3.7 Avg Mo	4,4 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	225	375	libs/day		15	25	mg/L -	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING PERIOD	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER D	BEGIN DATE	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
PA0024121	001	05/01/2014	05/31/2014	CONDI	pН	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 US	[, ,]		TEL	EPHONE		DATE	
	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				2014	06	20
	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	SUBMITTED BY FULL NAME	AREA	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unswom falsification to authorities).				-	-	



Company

Little Washington Wastewater

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

ADDRESS	762 W Lancaster Avenue				
	Bryn Mawr, Pennsylvania 19010-3489	PA0024121	001		
		PERMIT NUMBER	DISCHARGE NUMBER		
Facility	Media Borough STP				

LOCATION	Upper Providence Township			MONITO	DRING F	ERIOD		
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	14	05	01	то	14	05	31

DH

NAME

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



Company

Little Washington Wastewater

NAME

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

DATA FOR MONTHLY AVERAGES

ADDRESS	762 W Lancaster Avenue		
	Bryn Mawr, Pennsylvania 19010-3489	PA0024121	001
		PERMIT NUMBER	DISCHARGE NUMBER
Facility	Media Borough STP		L

LOCATION	Upper Providence Township	MONITORING PERIOD							
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY	
WATERSHED	3G	14	05	01	то	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			
5/17/2014 /:00:00 AM	2018000	4655557.0000	0.000	8.8700	0.0900	62	2.1			

FIELD AND WEATHER DATA



NAME

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

DATA FOR MONTHLY AVERAGES

	Company				
ADDRESS	762 W Lancaster Avenue				

Little Washington Wastewater

ADDICESS		PA0024121	001
	Bryn Mawr, Pennsylvania 19010-3489	PERMIT NUMBER	DISCHARGE NUMBER
Facility	Media Borough STP		

LOCATION	Upper Providence Township	MONITORING PERIOD							
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY	
WATERSHED	3G	14	05	01	то	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.

Fluent CL2 Air Temperature Precipitation 0.0800 50 0.0 0.0600 64 0.0
0.0900 55 0.0
0.0800 63 0.0
0.0800 63 0.0
0.0900 64 0.5
0.0700 70 0.2
0.0800 60 0.0
0.0900 60 0.0
0.1300 66 0.0
0.1300 66 0.6
0.0500 56 0.1
0.0900 57 0.0
0.0600 58 0.0

FIELD AND WEATHER DATA

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

AQUA PA MEDIA STP FACILITY LOCATION 635 S RIDLEY CREEK RD, MEDIA, PA - 19063

TELEPHONE 610-645-1197

COUNTY Delaware

EP SE Rgnl Off Norristown REGION

PA0024121			001				
PERM	IT NUN	IBER	OUTFALL NUMBER				
			NG PERIOD	-			

	MONITORING PERIOD									
- 11	YEAR	MO	DAY		YEAR	MO	DAY			
FROM	2014	06	01	то	2014	06	30			

Report Frequency: Monitoring Period:

Submitted By:

Stage:

Submit Date:

Monthly 06/01/2014 - 06/30/2014 07/28/2014 Final Effluent

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	DING	QU	ANTITY OR CO	DNCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4 Inst Min			mg/L -	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				5.0			I IIII	1/day	Grab
-11	SAMPLE MEASUREMENT				6.3 Inst Min		7.3 IMAX	S.U	1/day	Grab
pН	PERMIT MEASUREMENT		1.1.1		6.0		9.0	^{5.0.}	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	203.3 Avg Mo	330.3 Wkły Avg	lbs/day		15.3 Avg Mo	26.5 Wkly Avg	mg/L -	2/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	450	675	us/day		30	45		2/week	24-Hr Composite
A	SAMPLE MEASUREMENT	9.9 Avg Mo		lbs/day		.7 Avg Mo			2/week	24-Hr Composite
Ammonia-Nitrogen	PERMIT MEASUREMENT	30	No.	- ios/day		2.0		mg/L	2/week	24-Hr Composite
Conner Total	SAMPLE MEASUREMENT					.03 Avg Mo		mg/L -	1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT							ngr	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.5446 Avg Mo	1.833 Daily Max	MGD	-				Continuous	Metered
riow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.15 Avg Mo	.69 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT	C. Martin Martin	NO PAN	1		.3	1.0	- mg/L -	1/day	Grab

3800-FM-BPNPSM0462 3/2012

DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			C	UANTITYOR	CONCENTRA	TION	FREQUENCY OF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLE HIFE	
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	14 IMAX	CFU/100 ml		2/week	Grab
recal Collorm	PERMIT MEASUREMENT			1		200 1000		2/week	Grab		
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	64.8 Avg Mo	85.9 Wkły Avg			4.8 Avg Mo	6.9 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	225	375	lbs/day		15	25	mg/L -	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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		TEL	EPHONE		DATE	
	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				2014	07	28
	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	AREA CODE	NUMBER	YEAR	мо	DAY

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC NAME

ADDRESS	762 W LANCASTER AVE,	BRYN MAWR,	PA - 19010-3489
110011200			

FACILITY AQUA PA MEDIA STP 635 S RIDLEY CREEK RD, MEDIA, PA - 19063 LOCATION

TELEPHONE 610-645-1197

Delaware COUNTY

EP SE Rgnl Off Norristown REGION

PA0024121	001
PERMITNUMBER	OUTFALL NUMBER

			MONIT	ORING	PERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2014	07	01	то	2014	07	31

Report Frequency:
Monitoring Period:

Submitted By:

Submit Date:

Stage:

07/01/2014 - 07/31/2014 08/28/2014

Final Effluent

Monthly

Check here if No Discharge

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETTFE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4 Inst Min		r	mg/L -	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT			1	5.0				1/day	Grab
рН	SAMPLE MEASUREMENT				6.5 InstMin		7.1 IMAX	S.U	1/day	Grab
μn	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	238.3 Avg Mo	316.4 Wkly Avg	- Ibs/day		23.1 Avg Mo	33 Wkły Avg		2/week	24-Hr Composite
Total Susperviet Solius	PERMIT MEASUREMENT	450	675	us/day		30	45	mg/L -	2/week	24-Hr Composite
Ammonia-Nitrogen	SAMPLE MEASUREMENT	6.6 Avg Mo		lbaldari		.6 Avg Mo			2/week	24-Hr Composite
Artimonia-Introgen	PERMIT MEASUREMENT	30		lbs/day		2.0		mg/L –	2/week	24-Hr Composite
Contract Total	SAMPLE MEASUREMENT			6		.07 Avg Mo			1/month	24-Hr Composite
Copper, Total	PERMIT MEASUREMENT					0000-30		mg/L –	1/month	24-Hr Composite
Flow	SAMPLE MEASUREMENT	1.2384 Avg Mo	1.484 Daily Max	HOD					Continuous	Metered
riow	PERMIT MEASUREMENT			MGD					Continuous	Metered
	SAMPLE MEASUREMENT					.16 Avg Mo	.39 IMAX	- mg/L -	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	I STATES			234-1	.3	1.0		1/day	Grab

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	NTITY OR LOAD	NG	C	QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
I AIVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE	
Fecal Coliform	SAMPLE MEASUREMENT					5 Geo Mean	260 IMAX	CFU/100 ml	2/week	Grab	
Fecal Collorm	PERMIT MEASUREMENT					200	1000		2/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	46.4 Avg Mo	66.2 Wkly Avg	lba (da i		4.5 Avg Mo	6.9 Wkly Avg		2/week	24-Hr Composite	
(CBOD5)	PERMIT- MEASUREMENT	225	375	lbs/day		15	25	mg/L -	2/week	24-Hr Composite	
Facility Comments											

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT 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:

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		TEL	EPHONE		DATE	
	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				2014	08	28
	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY



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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS 762 W Lancaster Avenue

Company

Little Washington Wastewater

Par Maur Departmente 10010 2480	PA0024121 (B)
Bryn Mawr, Pennsylvania 19010-3489	PERMIT NUMBER
	FERIVIT NUIVIDE

001 DISCHARGE NUMBER

FACILITY Media Borough STP

NAME

UMBER	DISCHAR

Reporting Frequency Monthly

Permit Expires

Check here if No Discharge

Permit Application due May 4, 2017

MONITORING PERIOD LOCATION Upper Providence Township YEAR DAY YEAR Delaware County MO DAY MO то WATERSHED 3G 14 08 01 14 08 31

NOTE: Read instructions before completing this form.

October 31, 2017

Parameter		QUANTI	TY OR LOADIN	IG	Quality or Concentration				NO.	Frequency	SAMPL		
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.1917	1.6410		XXXXXXX	XXXXXX	XXXXXX	XXXX	0	Continuous	N	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXXXX	XXXXXX	XXXXXX	XXXXX		Continuous	N	Meter	
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	6.6	XXXXXXX	7.1		0	Daily	(Grab	
	PERMIT	XXXXXX	XXXXXX	xxxx	6.0	XXXXXX	9.0	STDUNITS		Daily	(Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	7.1	XXXXXX	XXXXXX	MG/L	0	Daily	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxxx	5.0	XXXXX	XXXXX	MG/L		Daily	(Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXXX	XXXXXX	0.16	0.38	MGAL	0	Daily	Gra		
	PERMIT	XXXXXX	XXXXXX	xxxx	XXXXXXX	0.30	1.00	MGAL		Daily	0	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	34.2	43.8	LB/DAY	XXXXXX	3.5 4.0		NGAL	0	2/Week	2	24HC	
	PERMIT	225.0	375.0	LB/DAY	XXXXXX	15.0	25.0 Weekly Average	MGAL		2/Week	2	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	2/Week	2	24HC	
	PERMIT REQUIREMENT	375.0	600.0	LB/DAY	XXXXXX	25.0	40.0 Weekly Average	MG/L		2/Week	24H		
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAD WITH TH	NALTY OF LAW THAT IT					TELEPHONE	C	DATE			
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION II ACCURATE AND COM PENALTIES FOR SUBJ								(610) 645-4215	2014	09	23
TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	DA		

SEE SUPPLEMENT SHEETS



FACILITY

PERMITTEE NAME/ADDRESS

NAME	Little Washington Wastewater Company

Media Borough STP

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS 762 W Lancaster Avenue

Bryn Mawr, Pennsylvania 19010-3489	PA0024121 (B)
DIVIT MAWI, PENIISYIVBINA 19010-3469	DEDMIT NUMBER
Made Descent OTD	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

October 31, 2017

Permit Expires

Check here if No Discharge

Permit Application due May 4, 2017

LOCATION	Upper Providence Township		MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY				
WATERSHED	3G	14	08	01	TO	14	08	31				

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	Quality or Concentration			NO.	Frequency		MPLE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	Analysis		YPE
Total Suspended Solids	SAMPLE MEASUREMENT	115.6	143.9	LB/DAY	XXXXXX	11.8	14.5	MGA	0	2/Week	2	4HC
	PERMIT REQUIREMENT	450.0	675.0	LB/DAY	XXXXXX	30.0	45.0 Weekly Average	MGAL		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXXX	3.0	43.0	# COL/100ML	0	2/Week	0	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	XXXXXX	200 Geometric Mean	1000.0	#COL/100ML		2/Week	G	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	1.2	XXXXXX	LB/DAY	XXXXXX	0.1	XXXXXX	MG/L	0	2/Week	2	4HC
10-31)	PERMIT REQUIREMENT	30.0	XXXXXX	LB/DAY	XXXXXX	2.0	XXXXXX	MGAL		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXXX		XXXXXX	MGAL	0		2	4HC
04-30)	PERMIT REQUIREMENT	90.0	XXXXX	LB/DAY	XXXXXX	6.0	XXXXXX	MG/L		2/Week	24H	
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.03 X	XXXXXX MG/	MG/L	0	1/Month	2	4HC
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXXX	MG/L		1/Month	24HC	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT II	WITTED HEREIN	AND BASED ON MY					TELEPHONE	D	DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	INDUIRY 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 \$101 AND 38 USC \$1319, PENALTIES				SIGNATURE OF PRINCIPAL EXECU				(610) 645-4215	2014	D9
TYPED OR PRI	NTED	LINDER THESE STATL	ITES MAY INCLUDE FIN	OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	MO		

SEE SUPPLEMENT SHEETS



WATERSHED 3G

Inc.

Delaware County

Aqua Pennsylvania Wastewater,

NAME

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

TO

YEAR

14

MO

09

DAY

30

ADDRESS 762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010 FACILITY Media Borough STP	PA0024121 (B)	001	
		PERMIT NUMBER	DISCHARGE NUMBER
LOCATION	Upper Providence Township	MONITORI	NG PERIOD

YEAR

14

MO

09

DAY

01

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		QUANTI	TY OR LOADIN	IG	Quality or Concentration				NO.	Frequency		MPL		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	TYPE			
Flow	SAMPLE MEASUREMENT	1.2152	1.4210		XXXXX	XXXXXX	XXXXX	XXXXX	0	Continuous	N	<i>l</i> leter		
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXXX	XXXXX	xxxxx		Continuous	N	leter		
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	6.7	XXXXX	7.2		0	30/Month	(Grab		
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	6.0	XXXXXX	9.0	STD UNITS		Daily	0	Grab	Ī	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	6.4	XXXXXX	XXXXXX	MG/L	0	30/Month	(Grab		
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	5.0	XXXXX	XXXXXX	MG/L		Daily	(Grab		
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	0.20	0.36	MGAL	0	30/Month	(Grab		
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MGAL		Daily	Gra		Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	28.3	35.2	LB/DAY	XXXXX	2.7	4.0	MGAL	0	9/Month	24H			
	PERMIT	225.0	375.0	LB/DAY	XXXXXX	15.0	25.0 Weekly Average	MG/L		2/Week	24HC		Ī	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	4HC		
	PERMIT	375.0	600.0	LB/DAY	XXXXX	25.0	40.0 Weekiy Average	MG/L		2/Week	2	4HC		
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	J CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY								TELEPHONE		DATE		
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION I	PLETE, I AM AWARE TH	ED INFORMATIO	ON IS TRUE, SIGNIFICANT	Mordon	7 Mill	~ 1		(610) 645-4215	2014	10		
TYPED OR PR		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				AREA CODE NUMBER	YEAR	MO	-	

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue	PA	PA0024121 (B) 001							
	Bryn Mawr, Pennsylvania 19010	PERMIT NUMBER			DISCH		UMBER	Reporting Frequency Monthly		
FACILITY	Media Borough STP									ctober 31, 2017
LOCATION	Upper Providence Township			MONITO	RING F	ERIOD	Permit Application due M	ay 4, 2017		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Discharg	ae
WATERSHED	3G	14	09	01	то	14	09	30	NOTE: Read instructions b	efore completing this form.

QUANTITY OR LOADING SAMPLE **Quality or Concentration** NO. Frequency Parameter TYPE OF EX MONTHLY WEEKLY INST. MONTHLY INST. Analysis UNITS UNIT AVERAGE AVERAGE MINIMUM AVERAGE MAXIMUM SAMPLE **Total Suspended Solids** LB/DAY XXXXX 24HC MEASUREMENT 99.5 115.8 9.6 11.0 MG/L 0 9/Month PERMIT 45.0 Weekly 450.0 675.0 LB/DAY 2/Week 24HC MGA XXXXX 30.0 REQUIREMENT Average SAMPLE # COL/100ML Fecal Coliform XXXXX XXXXX XXXX XXXXX 1.0 10.0 0 9/Month Grab MEASUREMENT PERMIT 200 Geometric XXXX XXXXX XXXXX 2/Week Grab XXXXX 1000.0 #COL/100ML REQUIREMENT Mean SAMPLE XXXXX LB/DAY Ammonia as N (05-01 to 1.2 XXXXX 0.1 XXXXX MG/L 0 9/Month 24HC MEASUREMENT 10-31) PERMIT 30.0 XXXXX LB/DAY 2/Week 24HC MGA XXXXXX 2.0 XXXXX REQUIREMENT SAMPLE LB/DAY Ammonia as N (11-01 to XXXXX XXXXX XXXXX MGA 0 24HC MEASUREMENT 04-30) PERMIT 90.0 XXXXX LB/DAY 2/Week 24HC XXXXX 6.0 XXXXX MGJ REQUIREMENT SAMPLE **Total Copper** XXXXX XXXXX XXXX XXXXX 0.02 XXXXX MG/L 0 1/Month 24HC MEASUREMENT PERMIT XXXXX XXXXX XXXX 24HC 1/Month XXXXX Monitor/Report XXXXX MGA REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INGUIRY 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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE Mordon? Mille Thomas A, Cicala (610) 645-4215 2014 10 27 ADCUDATE AND CONFILENCE IN AN AVAILABLE THAT I THERE ARE BIOINFILLANT PENALTES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC \$1001 AND 33 USC \$1319. (PENALTES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.) Superintendant, Wastewater Operations SIGNATURE OF PRINCIPAL EXECUTIVE AREA CODE NUMBER YEAR MO DAY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT

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

SEE SUPPLEMENT SHEETS



Inc.

NAME

FACILITY

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue

Media Borough STP

Aqua Pennsylvania Wastewater,

Brin Neurs Berneutronia 10010	PA0024121
Bryn Mawr. Pennsylvania 19010	
Madia Descuels CTD	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

Permit Expires

Permit Application due

Check here if No Discharge

October 31, 2017 May 4, 2017

LOCATION	Upper Providence Township			MONITO	RING F	ERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	мо	DAY
WATERSHED	_3G	14	10	01	то	14	10	31

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.2451	1.5270		XXXXXX	XXXXX	XXXXXX	XXXXX	0	Continuous	N	Aeter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXXX	xxxx		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	6.70	XXXXX	7.20		0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	6.00	XXXXX	9.00	STO UNITS		Daily	(Grab	1
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	7.06	XXXXX	XXXXX	MG/L	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXXX	XXXXXX	MG/L		Daily	(Grab	
fotal Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	XXXXX	0.12	0.28	MG/L	0	31/Month	(Grab	Ī
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	(Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	46.40	53.88	LB/DAY	XXXXXX	4.43	5.00	MG/L	0	9/Month	2	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	24HC	-
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	24HC	10.00
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	24HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT II	MITTED HEREIN	AND BASED ON MY					TELEPHONE		DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAIL 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 POSS			N IS TRUE, SIGNIFICANT	Modon? Miller				(610) 645-4215	2014	11	-
TYPED OR PRINTED		OF FINE AND IMPRISONMENT SEE 18 USC \$1001 AND 33 USC \$1318, PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP 0 \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	YEAR	мо	

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

FACILITY

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS 762 West Lancaster Avenue

 Bryn Mawr, Pennsylvania 19010
 PA0024121

 Media Borough STP
 PERMIT NUMBER

DISCHARGE NUMBER Reporting Frequency

001

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017

LOCATION	Upper Providence Township	MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY			
WATERSHED	3G	14	10	01	то	14	10	31			

Check here if No Discharge

Permit Application due

NOTE: Read instructions before completing this form.

May 4, 2017

Parameter		QUANT	TY OR LOADIN	IG	Qua		NO.	Frequency		MPL	Ξ		
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	148.78	184.33	LB/DAY	XXXXX	14.22	17.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	6.00	380.00	COL/100ML	0	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	G	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	2.82	XXXXXX	LB/DAY	XXXXXX	0.27	XXXXX	MGAL	0	9/Month	2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXXX	MG/L		2/Week	24HC		
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXXX	MG/L	0		2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXXX MK			2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXXX	XXXXXX	0.03	XXXXXX	MGAL	0	2/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendant, 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								TELEPHONE	DATE		
		AM FAMILLAR 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 PENALTES 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.)			Mordon 7 Miles				(610) 645-4215	2014	11	1	
TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS A	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	NO	D		

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

FACILITY

NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue
	Bryn Mawr, Pennsylvania 19010

Media Borough STP

10	PA0024121
	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

May 4, 2017

NOTE: Read instructions before completing this form.

LOCATION	Upper Providence Township			MONITO	RING P	ERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	14	11	01	TO	14	11	30

Check here if No Discharge

Permit Application due

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO.	Frequency		MPL		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE		
Flow	SAMPLE MEASUREMENT	1.3257	1.7130		XXXXX	XXXXX	XXXXXX	XXXXX	0	Continuous	٨	Meter		
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXXX	хохок		Continuous	N	Neter		
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	6.64	XXXXX	7.16		0	30/Month		Grab		
	PERMIT	XXXXXX	XXXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(Grab		
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	6.30	XXXXXX	XXXXXX	MG/L	0	30/Month		Grab		
	PERMIT	XXXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily		Grab		
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	0.13	0.30	MG/L	0	30/Month		Grab		
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.30	1.00	MGA		Daily	Gr		Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGA	0	0/Month	24H			
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	24HC			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	71.80	83.24	LB/DAY	XXXXXX	6.09	7.00	MG/L	0	11/Month	2	24HC		
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MGA.		2/Week	2	24HC		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		AM FAMILIAR WITH TH	NALTY OF LAW THAT I	٢٥				TELEPHONE		DATE				
Thomas A. Cicala Superintendant. Wastewater Operations		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 PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY				Mondon 7 Miller				(610) 645-4215	2014	12	2	
TYPED OR PRINTED		 OF FINE AND IMPRISO UNDER THESE STATU 	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AI	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	D,			

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

Inc.

NAME

FACILITY

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

ADDRESS	762 West Lancaster Avenue	(
	Bryn Mawr, Pennsylvania 19010	F

Aqua Pennsylvania Wastewater,

Media Borough STP

PA0024121 001
PERMIT NUMBER DISCHARGE

DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Application due May 4, 2017

LOCATION	Upper Providence Township			MONITO	DRING F	PERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	14	11	01	то	- 14	11	30

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		TPE	
Total Suspended Solids	SAMPLE MEASUREMENT	281.01	415.67	LB/DAY	XXXXXX	24.00	35.40	MGAL	0	11/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	12.00	880.00	COL/100ML	0	12/Month	(Grab	
	PERMIT	XXXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	0	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXXX		XXXXX	MG/L	0		2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	17.15	XXXXX	LB/DAY	XXXXX	1.44	XXXXX	MG/L	0	11/Month	2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGAL		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGA		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							1					
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	AM FAMILIAR WITH T	NALTY OF LAW THAT I HE INFORMATION SUB	MITTED HEREIN	AND BASED ON MY	U.				TELEPHONE	C	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSELE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING RAUSE INFORMATION INCULIDING THE POSSIBILIT		BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT UNG THE POSSIBILITY		mKMi		-1. /	(610) 645-4215	2014	12	2	
TYPED OR PRI		 OF FINE AND IMPRISI UNDER THESE STATI 	ONMENT SEE 18 USC § UTES MAY INCLUDE FIN BETWEEN 5 MONTHS AN	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIP			AREA CODE NUMBER	YEAR	MQ	DA

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

Inc.

NAME

FACILITY

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue

Media Borough STP

Aqua Pennsylvania Wastewater,

TOE THOSE Editodoter / Weinde	Lange Sector of Concession
Para Moure Bonnautronia 10010	PA0024121
Bryn Mawr, Pennsylvania 19010	
Madia Davida OTO	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

Permit Application due

Check here if No Discharge

Permit Expires October 31, 2017

May 4, 2017

LOCATION	Upper Providence Township			MONITO	RING P	ERIOD		
	Delaware County	YEAR	мо	DAY		YEAR	MO	DAY
WATERSHED	3G	14	12	01	то	14	12	31

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 - 1991 -
Flow	SAMPLE MEASUREMENT	1.2768	1.6550		XXXXXX	XXXXX	XXXXX	XXXXX	0	Continuous	N	le ter	
() () () () () () () () () ()	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	x000x		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	6.44	XXXXX	7.21		0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	XXXX	6.00	XXXXXX	9.00	STD UNITS		Daily	C	Grab	_
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.35	XXXXX	XXXXXX	MG/L	0	31/Month	(Grab	
	PERMIT	XXXXXX	XXXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXXX	0.14	0.93	MG/L	0	31/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	C	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	69.29	90.29	LB/DAY	XXXXX	6.54	9.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGAL		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PE	ALTY OF LAW THAT I	HAVE PERSONA	LLY EXAMINED AND AND BASED ON MY	91	0			TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I I ACCURATE AND COM	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI AITTING FALSE INFOR	ED INFORMATIC	IS TRUE,	Tord	mH M	illen		(610) 645-4215	2015	01	
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC 6	1001 AND 33 US NES UP TO \$10.0	C 61319 (PENALTIES		R OF PRINCIPA			AREA CODE NUMBER	YEAR	мо	1

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

NAME

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

ADDRESS	762 West Lancaster Avenue	Р	A002412	1		[001		
FACILITY	Bryn Mawr, Pennsylvania 19010 Media Borough STP	PER	MIT NU	MBER		DISCH	IARGE N	UMBER	Reporting Fre Permit Expire
LOCATION	Upper Providence Township			MONITO	DRING F	ERIOD			Permit Applic
	Delaware County	YEAR	MO	DAY		YEAR	МО	DAY	Check her
WATERSHED	3G	14	12	01	то	14	12	31	NOTE: Read

 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		QUANT	ITY OR LOADIN	IG	Qual	ity or Concentra	ition		NO.	Frequency		MPL	
HS INSUECOMMUNICIE		MONTHLY	WEEKLY	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Suspended Solids	SAMPLE MEASUREMENT	165.58	236.75	LB/DAY	XXXXXX	15.67	22.50	MGAL	0	9/Month	2	24HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	24HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXXX	5.00	4250.00	COL/100ML	1	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	XXXX	XXXXXX	200 Geometric Mean	1000.00	#COL/188ML		2/Week	(Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXXX		XXXXXX	MG/L	0		2	24HC	
10-31)	PERMIT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	24HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	16.93	XXXXXX	LB/DAY	XXXXX	1.60	XXXXXX	MGAL	0	9/Month	2	24HC	
04-30)	PERMIT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MGAL		2/Week	2	24HC	
Fotal Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	XXXXX	0.02	XXXXXX	MGA.	0	1/Month	2	24HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	24HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HE INFORMATION SUB	HAVE PERSONA	ALLY EXAMINED AND AND BASED ON MY	81	01000			TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant Wastewater	A. Cicala andart Wastewater Operations Dentations Constraints of the second s		HAT THERE ARE	SIGNIFICANT		m 74 M			_ (610) 645-4215	2015	01		
TYPED OR PRI		OF FIRE AND IMPRISONMENT SEE 18 USC \$1001 AND 33 USC \$13 UNDER THESE STATUTES MAY INCLUDE FIRES UP TO \$10,000 AN IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)			C §1319. (PENALTIES 00 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	-

SEE SUPPLEMENT SHEETS

3800-FM-BPNPSM0440 3/2012

bennsvlv

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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:	December		Year:	2014	
Municipality:	Upper Providence Township	County:	Delaware		Permit No .:	PA0024121		

Violations of Permit Effluent Limitations*

Date	Parameter	Limit	Units	Code	Result	Units	Cause of Violation	Corrective Action Taken
12/22 Fe	ecal 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 me 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*

Other ☐ Other

Sample collection less frequent than required

Sample type not in compliance with permit

Violation of permit schedule

Explain	
Explain	
Explain	
Explain	
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 gualified 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 B	By: Gordon Miller	Signature:	Mordon H Miller	Lange of
Title:	Assistant Manager Wastewater	Date:	1/26/15	



NAME

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

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

ADDRESS	762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010		0024121	· · · · · · · · · · · · · · · · · · ·		001	
FACILITY	Media Borough STP			VIBER	DISCH	ARGE N	UNDER
LOCATION	Upper Providence Township			MONITORIN	IG PERIOD		
	CountyDelaware	YEAR	MO	DAY	YEAR	MO	DAY

14

12

Fecal Coliform

WATERSHED 3G

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.

01

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14

12

31



NAME Aqua Pennsylvania Wastewater, Inc.

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

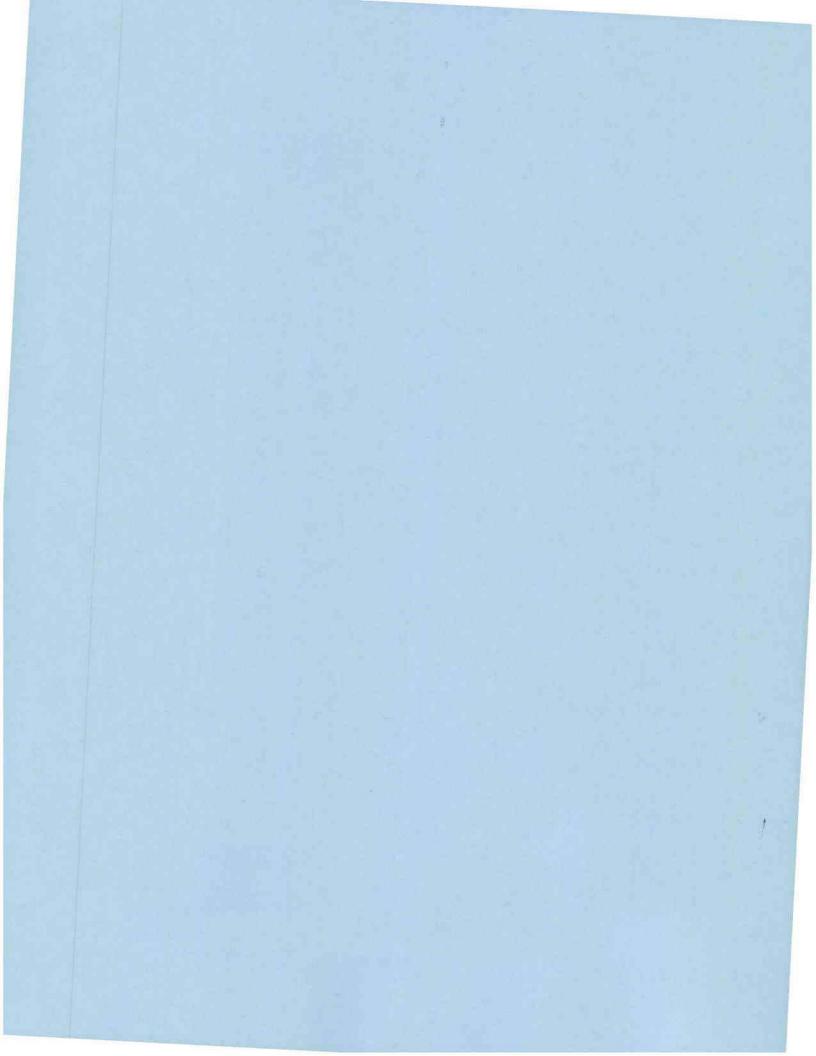
DATA FOR MONTHLY AVERAGES

ADDRESS	762 West Lancaster Avenue		
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
		PERMIT NUMBER	DISCHARGE NUMBER
FACILITY	Media Borough STP		

LOCATION	Upper Providence Township	MONITORING PERIOD								
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY		
WATERSHED	3G	14	12	01	TO	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.

			LABC	RATORY 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		



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue Brvn Mawr, Pennsvivania 19010	P		001				
FACILITY Media Borough STP		PERMIT NUMBER DISCHARGE NUMBER						
LOCATION	Upper Providence Township			MONITO	RING F	ERIOD		
LOCATION	Upper Providence Township Delaware County	YEAR	мо	MONITO DAY	DRING F	YEAR	МО	DAY

 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		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO,	Frequency		MPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Flow	SAMPLE MEASUREMENT	1.3162	2.3680		XXXXXX	XXXXX	XXXXXX	xxxx	0	Continuous	N	leter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXXX	xxxxx		Continuous	N	leter
рН	SAMPLE MEASUREMENT	ххххх	XXXXX	хххх	6.25	XXXXX	7.26		0	31/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	C	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	7.84	XXXXX	XXXXXX	MGAL	0	31/Month	0	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXXX	XXXXX	MGAL		Daily	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	XXXXX	0.20	0.64	MGAL	0	31/Month	C	Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	0.30	1.00	MGAL		Daily	0	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	63.25	77.20	LB/DAY	XXXXX	5.73	7.00	MGAL	0	18/Month	2	4HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MGA		2/Week	2	4HC
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	JITTED HEREIN	AND BASED ON MY	0.4				TELEPHONE		DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION 11 ACCURATE AND COM	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FAI SE INCORD	ED INFORMATIO	IS TRUE, SIGNIFICANT		n 74 Mill			(610) 645-4215	2015	02
TYPED OR PRI		UNDER THESE STATU	MITTING FALSE INFOR DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS A	IES UP TO \$10,0	C §1319. (PENALTIES 00 AND OR MAXIMUM		E OF PRINCIPA			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

1

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NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue	
	Bryn Mawr, Pennsylvania 19010	
FACILITY	Media Borough STP	

PA0024121
PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Application due May 4, 2017

Check here if No Discharge

LOCATION	Upper Providence Township			MONITO	RING F	ERIOD	_	
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	15	. 01	01	TO	15	01	31

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	Qua	lity or Concentra	ition		NO.	Frequency		MPL
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Suspended Solids	SAMPLE MEASUREMENT	233.67	384.80	LB/DAY	XXXXX	21.20	34.17	MG/L	0	18/Month	2	4HC
	PERMIT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	7.00	350.00	COL/190ML	0	18/Month	(Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	(Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXXX		XXXXXX	MGAL	0		2	4HC
10-31)	PERMIT REQUIREMENT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	14.93	XXXXX	LB/DAY	XXXXXX	1.22	XXXXX	MGAL	0	18/Month	2	4HC
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MG/L		2/Week	2	4HC
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	2	4HC
	PERMIT	XXXXXX	XXXXX	xxxx	XXXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	4HC
	SAMPLE MEASUREMENT											
	PERMIT			1				1 1				
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	0.4				TELEPHONE	C	DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORM	ED INFORMATIO	ON IS TRUE, SIGNIFICANT	Nordon	A Mille			(610) 645-4215	2015	02
TYPED OR PRI		UNDER THESE STATU	MITTING FALSE INFORM DIMENT SEE 18 USC 5 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	IES UP TO \$10,0	C §1319. (PENALTIES 00 AND OR MAXIMUM		E OF PRINCIP			AREA CODE NUMBER	YEAR	NO

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

Inc.

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

ADDRESS	762 West Lancaster Avenue
	Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY Media Borough STP

NAME

 PA0024121
 PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

Permit ExpiresOctober 31, 2017Permit Application dueMay 4, 2017

LOCATION	Upper Providence Township	MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY			
WATERSHEE)_3G	15	02	01	то	15	02	28			

NOTE: Read instructions before completing this form

Check here if No Discharge

Parameter		QUANTITY OR LOADING Qua			Qual	ality or Concentration			NO.	Frequency	SAME		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.2563	1.6700		XXXXX	XXXXX	XXXXXX	XXXXX	0	Continuous	N	A eter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXXX		Continuous	N	Ae ter	
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	6.41	XXXXX	7.24		0	28/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	(Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	8.36	XXXXX	XXXXXX	MG/L	0	28/Month	Gra		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily	(Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	0.25	0.77	MG/L	0	28/Month		Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	Grab		
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	24		
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	24H0		Ī
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	84.31	100.41	LB/DAY	XXXXXX	7.84	9.00	MG/L	0	12/Month	2	AHC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MGAL		2/Week	24HC		Ī
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY								TELEPHONE D		DATE	
Thomas A. Cicala	Operations	INQUIRY OF THOSE IN THE INFORMATION, II ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, LAM AWARE TH	ELY RESPONSIE ED INFORMATIO	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		mH Mil			(610) 645-4215	2015	03	
Superintendant, Wastewater Operations		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				AREA CODE NUMBER	YEAR	мо	t

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

WATERSHED 3G

NAME Aqua Pennsylvania Wastewater, Inc.

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

TO

15

02

28

ADDRESS	762 West Lancaster Avenue								
	Bryn Mawr, Pennsylvania 19010	P	PA0024121			001			
FACILITY	Media Borough STP	PERMIT NUMBER			DISCHARGE NUMBER				
	Upper Providence Township			MONITORIN	IG PERIOD				
	Delaware County	YEAR	MO	DAY	YEAR	MO	DAY		

15

02

01

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017Permit Application dueMay 4, 2017

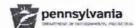
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter Total Suspended Solids Fecal Coliform Ammonia as N (05-01 to 10-31) Ammonia as N (11-01 to 04-30) Total Copper		QUANTI	TY OR LOADIN	IG	Qua	uality or Concentration			NO.		SAMPLI		
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		TPE	
Total Suspended Solids	SAMPLE MEASUREMENT	198.01	220.56	LB/DAY	XXXXX	18.00	21.25	MG/L	0	12/Month	2	4HC	
	PERMIT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	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	
	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXXX	NGAL	0		24H		
10-31)	PERMIT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	4HC	
	SAMPLE MEASUREMENT	22.50	XXXXXX	LB/DAY	XXXXX	2.13	XXXXX	MGA.	٥	12/Month	24HC		
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXXX	6.00	XXXXX	MG/L		2/Week	24H		
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	24HC		
	PERMIT	XXXXXX	XXXXX	xxxx	XXXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	24HC		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY			0/				TELEPHONE		DATE		
Thomas A. Cicala Superintendant, Wastewater Operations		AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF HOSE 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				Hordon H Miller				(610) 645-4215	2015	03	
TYPED OR PRINTED		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				AREA CODE NUMBER	YEAR	мо	

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

SEE SUPPLEMENT SHEETS



NAME

PERMITTEE NAME/ADDRESS

Inc.

Agua Pennsylvania Wastewater.

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

ADDRESS	762 West Lancaster Avenue		-							
	Bryn Mawr, Pennsylvania 19010	P	A002412	1		L	001			
FACILITY	Media Borough STP	PER	MIT NUM	MBER		DISCH	ARGE N	UMBER	Reporting Frequency Permit Expires	Monthly October 31, 2017
LOCATION	Upper Providence Township			MONITO	RING F	PERIOD			Permit Application due	May 4, 2017
	Delaware County	YEAR	MO	DAY		YEAR	мо	DAY	Check here if No Disc	charge
WATERSHED	3G	15	03	01	то	15	03	31	NOTE: Read instruction	ns before completing this form.

QUANTITY OR LOADING NO. SAMPLE **Quality or Concentration** Frequency Parameter ÔF TYPE EX MONTHLY WEEKLY INST. MONTHLY INST. Analysis UNITS UNIT AVERAGE AVERAGE MINIMUM AVERAGE MAXIMUM SAMPLE 1.4719 2.0820 XXXXX XXXXX XXXXX 0 Continuous Meter Flow MEASUREMENT XXXXX PERMIT REPORT MONTHLY REPORT DAILY MGD Continuous Meter XXXXX XXXXX XXXXX XXXXX REQUIREMENT AVERAGE MAXIMUM SAMPLE pH XXXXX XXXXX XXXX 6.45 XXXXX 7.25 D 31/Month Grab MEASUREMENT PERMIT XXXX XXXXX XXXXX Grab STD LINITS Daily 6.00 XXXXX 9.00 REQUIREMENT SAMPLE XXXX XXXXX **Dissolved Oxygen** XXXXX XXXXX 8.18 XXXXX MG/L 0 31/Month Grab MEASUREMENT PERMIT XXXXX XXXXX XXXX Daily Grab MG/L 5.00 XXXXXX XXXXX REQUIREMENT SAMPLE **Total Residual Chlorine** XXXX XXXXX XXXXX XXXXX 0.13 0.36 MG/L 0 31/Month Grab MEASUREMENT PERMIT XXXXX XXXX XXXXX Daily Grab MGA XXXXX 0.30 1.00 REQUIREMENT SAMPLE CBOD5 (05-01 to 10-31) LB/DAY XXXXX MG/L 0 0/Month 24HC MEASUREMENT PERMIT 25.0 Weekly 225.00 375.00 LB/DAY 2/Week 24HC XXXXX 15.00 MG/L REQUIREMENT Average SAMPLE CBOD5 (11-01 to 04-30) LB/DAY XXXXX 7.45 10.00 0 11/Month 24HC 91.06 134.37 MG/L MEASUREMENT PERMIT 40.0 Weekly 375.00 600.00 LB/DAY MG/L 2/Week 24HC XXXXX 25.00 REQUIREMENT Average I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY TELEPHONE DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER INDUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. Nordon H Miller Thomas A. Cicala THE INF URMATION, IDELEVE THE SOURCE THE SOURCE SUBJECT AND A CONTRACTOR IS THOSE. ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNFICANT PENALTIES FOR SUBMITTING RALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE INFORMATION INCLUDING THE POSSIBILITY UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND SYEARS) (610) 645-4215 2015 04 28 Superintendant, Wastewater Operations SIGNATURE OF PRINCIPAL EXECUTIVE AREA CODE YEAR MO DAY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

NAME

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

ADDRESS	762 West Lancaster Avenue				1				
	Bryn Mawr, Pennsylvania 19010	P	A002412	1			001		
	Media Borough STP	PER	MIT NU	MBER		DISCH	ARGE N	UMBER	Reporting Frequency
FACILITY									Permit Expires
LOCATION	Upper Providence Township			MONITO	ORING F	ERIOD			Permit Application du
	Delaware County	YEAR	мо	DAY		YEAR	MO	DAY	Check here if No
WATERSHE	3G	15	03	01	TO	15	03	31	

Monthly CY

October 31, 2017

due May 4, 2017

o Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	Qua	lity or Concentra	tion		NO.	Frequency		MPL	
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	124.90	213.52	LB/DAY	XXXXX	9.80	15.75	MGAL	0	11/Month	2	4HC	
	PERMIT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXXX	XXXXXX	3.00	40.00	COLMOOML	0	11/Month		Grab	
	PERMIT	XXXXXX	XXXXXX	xxxx	XXXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0		2	4HC	
10-31)	PERMIT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	35.38	XXXXX	LB/DAY	XXXXX	2.98	XXXXX	MG/L	0	11/Month	2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXXX	6.00	XXXXXX	MG/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	XXXXX	0.03	XXXXX	MGAL	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT	_											
	PERMIT REQUIREMENT			1 1									
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	0.				TELEPHONE	E	DATE	
Thomas A. Cicala Superintendant, Wastewater	Onerations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFOR	ELY RESPONSI ED INFORMATION TAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	The first strength second	mHM			(610) 645-4215	2015	04	
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATL IMPRISONMENT OF B	DIMENT SEE 18 USC S TTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIP/ R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	E

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

WATERSHED 3G

NAME Aqua Pennsylvania Wastewater, Inc.

Delaware County

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

TO

YEAR

15

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04

DAY

30

ADDRESS	762 West Lancaster Avenue	PA0024121	001
FACILITY	Bryn Mawr, Pennsylvania 19010 Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
LOCATION	Upper Providence Township	MONITORI	NG PERIOD

YEAR

15

MO

04

DAY

01

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017Permit Application dueMay 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO.	Frequency OF		MPLI YPE
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis	1	TPE
Flow	SAMPLE MEASUREMENT	1.3174	2.0720		XXXXX	XXXXX	XXXXXXX	XXXXX	0	Continuous	N	leter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXXX	XXXXXX	xxxxx		Continuous	N	leter
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	6.53	XXXXXX	7.38		0	30/Month	(Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.34	XXXXX	XXXXXX	мдл	0	30/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	мал		Daily	C	Fab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	XXXXX	0.16	0.45	MG/L	0	30/Month	(Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	0	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	4HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	60.15	73.91	LB/DAY	XXXXX	5.23	6.00	MGAL	0	9/Month	2	4HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	0,				TELEPHONE	C	DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE, I AM AWARE TH MITTING FALSE INFORI	ED INFORMATK	ON IS TRUE, SIGNIFICANT		mHMi			(610) 645-4215	2015	05
TYPED OR PR		OF FINE AND IMPRISO	MITTING FALSE INFORM DAMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AM	1001 AND 33 US	C §1319. (PENALTIES 00 AND OR MAXIMUM	AND THE REAL PLAN	E OF PRINCIPA			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue				<u></u>		
	Brvn Mawr, Pennsvivania 19010	P	A002412	1		001	
FACILITY	Media Borough STP	PER		MBER	DISCH	ARGE N	UMBER
LOCATION	Upper Providence Township			MONITORIN	G PERIOD		
	D	NEAD		DAY	VEAD		DAV

Reporting Frequency Monthly

Check here if No Discharge

Permit Expires

Permit Application due

October 31, 2017 Jue May 4, 2017

 LOCATION
 Upper Providence Township
 MONITORING PERIOD

 Delaware County
 YEAR
 MO
 DAY

 WATERSHED
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 TO
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 30

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	G	Qua	lity or Concentra	ition		NO.	Frequency		MPL	
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	105.36	153.16	LB/DAY	XXXXX	9.10	11.15	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	20.00	COL/100ML	0	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	1	XXXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0		2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	_
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	23.43	XXXXX	LB/DAY	XXXXX	1.92	XXXXX	MG/L	0	9/Month	2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXXX	0.03	XXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT II	AITTED HEREIN	AND BASED ON MY	01	_			TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM PENALTIES FOR SUB	BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FALSE INFORT	ED INFORMATIO	ON IS TRUE, E SIGNIFICANT		m H Mi			(610) 645-4215	2015	05	2
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § TES MAY INCLUDE FIN ETWEEN 6 MONTHS AM	1001 AND 33 US	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	0

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

SEE SUPPLEMENT SHEETS



Inc.

NAME

FACILITY

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

ADDRESS	762 West Lancaster Avenue

Media Borough STP

Aqua Pennsylvania Wastewater,

TOZ West Landaster Avenue	
Bryn Mawr, Pennsylvania 19010	PA0024121
Diyil Wawi, Perinsylvarila 19010	
Media Borough STP	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

Permit Expires October 31, 2017 Permit Application due May 4, 2017

LOCATION	Upper Providence Township			MONITO	RING P	ERIOD		
	Delaware County	YEAR	мо	DAY		YEAR	MO	DAY
WATERSHED	3G	15	05	01	то	15	05	31

NOTE: Read instructions before completing this form.

Check here if No Discharge

Parameter		QUANTI	TY OR LOADIN	IG	Qual	itv or Concentra	ation		NO.	Frequency		MPL
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Flow	SAMPLE MEASUREMENT	1.2425	1.3530		XXXXX	XXXXX	XXXXX	xxxx	0	Continuous	м	leter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXXX	xxxx		Continuous	М	leter
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.56	XXXXX	7.22		0	31/Month	G	Grab
	PERMIT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	6.55	XXXXX	XXXXXX	MG/L	0	31/Month	G	Grab
	PERMIT	XXXXX	XXXXXX	xxxx	5.00	XXXXXX	XXXXX	MGAL		Daily	G	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	XXXXX	0.20	0.54	MG/L	0	31/Month	Ģ	Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXXX	0.30	1.00	MGAL		Daily	G	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	54.76	69.48	LB/DAY	XXXXX	5.13	6.00	MGAL	0	8/Month	2.	4HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2.	4HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekty Average	MGAL		2/Week	2.	4HC
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	01				TELEPHONE	D	ATE
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, II ACCURATE AND COM PENALTIES FOR SUBM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TH AUTTING FALSE INFORM	ELY RESPONSIE ED INFORMATIK TAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY	Nord	mH7	Tille		(610) 645-4215	2015	06
TYPED OR PR		OF FINE AND IMPRISO	ITES MAY INCLUDE FINE	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES 00 AND OR MAXIMUM		E OF PRINCIPA			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue	P	A002412	1			001	
FACILITY	Bryn Mawr, Pennsylvania 19010 Media Borough STP	PER	MIT NUM	MBER		DISCH	ARGE N	UMBER
LOCATION	Upper Providence Township			MONITO	RING F	ERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	15	05	01	то	15	05	31

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017Permit Application dueMay 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Qua	litv or Concentra	tion		NO.	Frequency		MPL
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Suspended Solids	SAMPLE MEASUREMENT	113.75	161.32	LB/DAY	XXXXX	10.64	14.85	MG/L	0	8/Month	2	4HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXXX	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	SAMPLE MEASUREMENT	4.02	XXXXX	LB/DAY	XXXXXX	0.38	XXXXX	MGAL	0	8/Month	2	4HC
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXXX	2.00	XXXXXX	MG/L		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXX		XXXXXX	MG/L	0		2	4HC
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.03	XXXXXX	MG/L	0	1/Month	2	4HC
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	Monitor/Report	XXXXXX	MG/L		1/Month	2	4HC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	WITTED HEREIN	AND BASED ON MY	0,	0.44	20.		TELEPHONE		DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORI	ED INFORMATIO	ON IS TRUE, SIGNIFICANT	And		Mille		(610) 645-4215	2015	06
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	MITTING FALSE INFORI DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	C §1319. (PENALTIES 000 AND OR MAXIMUM	SIGNATURE OF PRINCIPAL EXECUTIVE				AREA CODE NUMBER	YEAR	MO

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

WATERSHED 3G

NA

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

TO

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DISCHARGE	MONITO	RING F	KEPURI

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ADDRESS	762 West Lancaster Avenue	P	A002412	1	[001		
FACILITY	Bryn Mawr, Pennsylvania 19010 Media Borough STP	PER	MIT NU	MBER	DISCH	IARGE N	UMBER	R
LOCATION				MONITORIN	IG PERIOD			P P
	Delaware County	YEAR	MO	DAY	YEAR	MO	DAY	

06

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ng Frequency Monthly October 31, 2017 Expires

May 4, 2017 Application due

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Quali	ity or Concentra	ation		NO.	Frequency		MPL
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Flow	SAMPLE MEASUREMENT	1.3201	2.0440		XXXXX	XXXXX	XXXXX	xxxx	0	Continuous	N	leter
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXXX	xxxxx		Continuous	N	leter
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.88	XXXXX	7.26		0	30/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Fab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	6.18	XXXXX	XXXXXX	MGAL	0	30/Month	C	Grab
	PERMIT	XXXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MGAL		Daily	G	irab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	0.10	0.50	MGAL	0	30/Month	0	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	G	Brab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	44.48	58.00	LB/DAY	XXXXX	3.92	5.00	MG/L	0	9/Month	2	4HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MGAL		2/Week	2	4HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				0 .	0			TELEPHONE	D	ATE		
Thomas A. Cicala SuperIntendant, Wastewater	Operations	THE INFORMATION, I ACCURATE AND COM	BELIEVE THE SUBMITT	ED INFORMATIC	NISTRUE,	Nordon H IIIL				(610) 645-4215	2015	07
TYPED OR PR		UNDER THESE STATL	MITTING FALSE INFORI INMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	IES UP TO \$10.0	\$1319. (PENALTIES 00 AND OR MAXIMUM	SIGNATURE OF PRINCIPAL EXECUTIVE				AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

WATERSHED 3G

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

DISCHARGE MONITORING REPORT (DMR)

15

06

30

ADDRESS	Bryn Mawr, Pennsylvania 19010		PA0024121 00 PERMIT NUMBER DISCHARG						1
LOCATION	Upper Providence Township	_		MONITO	DRING F	ERIOD			1
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	[
	36	15	06	01	TO	15	06	30	

15

06

01

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		QUANT	ITY OR LOADIN	IG	Qua	lity or Concentra	ation		NO. Frequenc			MPLE
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Suspended Solids	SAMPLE MEASUREMENT	97.18	160.40	LB/DAY	XXXXX	8.60	14.00	NGA	0	9/Month	2	4HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	6.00	420.00	COLABOML	0	9/Month	(Grab
	PERMIT REQUIREMENT	XXXXX	XXXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	G	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	5.65	XXXXXX	LB/DAY	XXXXX	0.50	XXXXXX	MG/L	0	9/Month	2	4HC
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXXX	MGAL	0		2	4HC
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MgrL		2/Week	2	4HC
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	0.03	XXXXXX	MGAL	0	1/Month	2	4HC
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	4HC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXEC	E PRINCIPAL EXECUTIVE OFFICER		0.				TELEPHONE	DA				
Thomas A. Cicala SuperIntendant, Wastewater	Operations	THE INFORMATION. I	AMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY RIY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING NFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. NFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. LITES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY NE AND IMPRISONMENT SEE IS USE \$10.000 AND OR MAXIMUM SIGNATURE OF PRINCIPAL EXECUT		Nordon H Mil		-	(610) 645-4215	2015	07		
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATI IMPRISONMENT OF B	DIMENT SEE 18 USC & JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	C §1319. (PENALTIES 100 AND OR MAXIMUM	SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT			IIVE	AREA CODE NUMBER	YEAR	MO

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

Inc.

NAME

FACILITY

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

762 West Lancaster Avenue	-
Bryn Mawr, Pennsylvania 19010	PA0024121
	PERMIT NUMBER
Media Borough STP	1 ERMIT ROMOER

DISCHARGE NUMBER

001

Reporting Frequency Monthly

LOCATION	Upper Providence Township	MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY			
WATERSHED	3G	15	07	01	то	15	07	31			

Check here if No Discharge

Permit Expires

Permit Application due

NOTE: Read instructions before completing this form.

October 31, 2017

May 4, 2017

Parameter		QUANT	ITY OR LOADIN	IG	Qual	itv or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.2718	1.6027		XXXXXX	XXXXX	XXXXXX	XXXXX	0	Continuous	N	leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXXX	XXXXX	XXXXXX	хохок		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	6.65	XXXXX	7.26		0	31/Month	(Srab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXXX	9.00			Daily	G	Frab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	5.20	XXXXXX	ххххх	MG/L	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	5.00	XXXXXX	XXXXXX	MG/L		Daily	G	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.09	0.39	MG/L	0	31/Month	C	Grab	_
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	G	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	49.19	60.13	LB/DAY	XXXXXX	4.63	6.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	_
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	IE/TITLE PRINCIPAL EXECUTIVE OFFICER					i		TELEPHONE	C	ATE			
Thomas A. Cicala SuperIntendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORM DNMENT SEE 18 USC §	ELY RESPONSIE ED INFORMATIO	ULE FOR OBTAINING ON IS TRUE, SIGNIFICANT		lon H M			(610) 645-4215	2015	80	27
TYPED OR PRI		UNDER THESE STATL	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	IES UP TO \$10,0	C §1319. (PENALTIES 00 AND OR MAXIMUM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



Inc.

NAME

FACILITY

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS 762 West Lancaster Avenue

Media Borough STP

Aqua Pennsylvania Wastewater,

702 West Lancaster Avenue	
Bryn Mawr, Pennsylvania 19010	PA0024121
Divitiviawi, Fernisyivania 19010	
	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly

Permit Expires

Permit Application due

Check here if No Discharge

October 31, 2017 due May 4, 2017

LOCATION Upper Providence Township Delaware County			MONITO	RING F	PERIOD			
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	15	07	01	TO	15	07	31

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Qua	lity or Concentra	ition		NO.	Frequency		MPL								
		MONTHLY	WEEKLY	UNITS	INST. MINIMUM	MONTHLY INST. AVERAGE MAXIMUM		UNIT	EX	Analysis		TPE								
Total Suspended Solids	SAMPLE MEASUREMENT	145.37	238.46	LB/DAY	XXXXXX	13.70	23.00	MGA	0	9/Month	2									
	PERMIT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	4HC								
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	11.00	2720.00	COL/100ML	1	12/Month	(Grab								
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXXX	200 Geometric Mean	1000.00	SCOL/100ML		2/Week	(Grab								
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	5.35	XXXXXX	LB/DAY	XXXXXX	0.50	XXXXXX	MGA	0	9/Month	2	4HC								
0-31)	PERMIT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXXX	MGAL		2/Week	2	4HC								
Ammonia as N (11-01 to	as N (11-01 to SAMPLE MEASUREMENT XXXXXX LB/DAY XX		XXXXX		XXXXX	MG/L	0		24H											
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXXX	XX 0.04 XXXXX	6.00 XXXXX	MGAL		2/Week	24H0 24H0									
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX		XXXXXX	MGAL	0	1/Month										
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXX		MGAL		1/Month	2	4HC									
	SAMPLE MEASUREMENT																			
	PERMIT REQUIREMENT							1					-							
VAME/TITLE PRINCIPAL EXECUTIVE OFFICER		ATTED HEREIN	AND BASED ON MY	0.		- I I		TELEPHONE	E	ATE										
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION INS TRUE, ACCURATE AND COMPLETE. I AN AWARE THAT THERE ARE SIGNIFICANT PENAL TES 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							(610) 645-4215	2015	08	2								
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	C §1319. (PENALTIES 00 AND OR MAXIMUM	OFFICE	E OF PRINCIP/ R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	DA							

COMMENTS (Report all violations on the "Non-Compliance Reoprting 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: D	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*

Other Other

Sample collection less frequent than required

Sample type not in compliance with permit

Violation of permit schedule

Explain		
Explain		
Explain		
Explain Explain		
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 gualified 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:	Sordon H Miller
Title:	Assistant Manager Wastewater	Date:	8/26/15

COMMONWEALTH OF PENNSYLVANIA PERMITTEE NAME/ADDRESS DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION NAME Aqua Pennsylvania Wastewater, NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) Inc. **EXCURSION EXPLANATION** ADDRESS 762 West Lancaster Avenue PA0024121 (B) 001 Bryn Mawr, Pennsylvania 19010 DISCHARGE NUMBER PERMIT NUMBER Media Borough STP FACILITY **MONITORING PERIOD** LOCATION Upper Providence Township YEAR MO DAY YEAR CountyDelaware MO DAY TO 07 01 15 07 31 WATERSHED 3G 15

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.



NAME Aqua Pennsylvania Wastewater, Inc.

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

DATA FOR MONTHLY AVERAGES

ADDRESS	762 West Lancaster Avenue	r 1	
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
		PERMIT NUMBER	DISCHARGE NUMBER
FACILITY	Media Borough STP		

LOCATION	LOCATION Upper Providence Township			MONITO	DRING P	PERIOD		
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	3G	15	07	01	то	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									
Total Suspended Solids	Fecal Coliform	CBOD5	Ammonia (NH3) as Nitrogen	Total Copper					
23.0000	1.0000	5.8000	0.5800	0.0390					
13.0000	310.0000	5.0000	0.6100						
	2720.0000								
11.0000		3.6000	0.9200						
8.0000		4.2000	0.3900						
	1.0000								
9.3000	1.0000	5.1000	0.5800						
10.0000	43.0000	4.3000	0.5100						
	200.0000								
17.0000	520.0000	5.1000	0.3400						
15.0000	1.0000	4.0000	0.3500						
	1.0000								
17.0000	1.0000	4.6000	0.2600						
	1.0000								
	Solids 23.0000 13.0000 11.0000 8.0000 9.3000 10.0000 17.0000 15.0000	Solids 23.0000 1.0000 13.0000 310.0000 2720.0000 2720.0000 11.0000 2720.0000 11.0000 1.0000 9.3000 1.0000 10.0000 43.0000 200.0000 1.0000 17.0000 520.0000 15.0000 1.0000 17.0000 1.0000	Total Suspended Solids Fecal Coliform CBOD5 23.0000 1.0000 5.8000 13.0000 310.0000 5.0000 2720.0000 2720.0000 3.6000 11.0000 3.6000 4.2000 8.0000 1.0000 5.1000 9.3000 1.0000 5.1000 10.0000 43.0000 5.1000 17.0000 520.0000 5.1000 15.0000 1.0000 4.6000	Total Suspended SolidsFecal ColiformCBOD5Ammonia (NH3) as Nitrogen23.00001.00005.80000.580013.0000310.00005.00000.61002720.00002720.00003.60000.920011.00003.60000.92000.39008.00001.00005.10000.58009.30001.00005.10000.580010.000043.00005.10000.5100200.00005.10000.340017.0000520.00005.10000.35001.00001.00004.60000.350017.00001.00004.60000.2600	Total Suspended SolidsFecal ColiformCBOD5Ammonia (NH3) as NitrogenTotal Copper23.00001.00005.80000.58000.039013.0000310.00005.00000.610002720.00002720.00000.9200011.00003.60000.92000.390010.00004.20000.390009.30001.00005.10000.580010.00005.10000.5100017.0000520.00005.10000.340015.00001.00004.00000.350017.00001.00004.60000.2600	Total Suspended SolidsFecal ColiformCBOD5Ammonia (NH3) as NitrogenTotal Copper23.00001.00005.80000.58000.039013.0000310.00005.00000.61002720.00002720.00000.920011.00003.60000.92008.00004.20000.39001.00005.10000.58009.30001.00005.10000.00004.30000.510010.000043.00005.100017.00005.10000.340015.00001.00004.600017.00001.00004.600017.00001.00004.6000			

pennsylvania anda manteri

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

NAME

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

762 West Lancaster Avenue												
Bryn Mawr. Pennsylvania 19010			Second of the									
Media Borough STP	PER	MIT NUM	IBER		DISCH	ARGE N	UMBER	Reporting Frequency Monthly				
_								Permit Expires	October 31, 2017			
Upper Providence Township			MONITO	RING F	ERIOD			Permit Application due	May 4, 2017			
Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Disc	harge			
3G	15	08	. 01	то	15	08	31	NOTE: Read instruction	ns before completing this form.			
	Bryn Mawr. Pennsylvania 19010 Media Borough STP Upper Providence Township Delaware County	Bryn Mawr. Pennsylvania 19010 P Media Borough STP PER Upper Providence Township P Delaware County YEAR	Bryn Mawr. Pennsylvania 19010 PA002412 Media Borough STP PERMIT NUM Upper Providence Township	Bryn Mawr. Pennsylvania 19010 PA0024121 Media Borough STP PERMIT NUMBER Upper Providence Township MONITO Delaware County YEAR MO	Bryn Mawr. Pennsylvania 19010 PA0024121 Media Borough STP PERMIT NUMBER Upper Providence Township MONITORING F Delaware County YEAR MO	Bryn Mawr. Pennsylvania 19010 PA0024121 Media Borough STP DISCH Upper Providence Township MONITORING PERIOD Delaware County YEAR MO	Bryn Mawr. Pennsylvania 19010 PA0024121 001 Media Borough STP DISCHARGE N Upper Providence Township YEAR MONITORING PERIOD Delaware County YEAR MO	Bryn Mawr. Pennsylvania 19010 PA0024121 001 Media Borough STP DISCHARGE NUMBER Upper Providence Township MONITORING PERIOD Delaware County YEAR MO	Bryn Mawr. Pennsylvania 19010 PA0024121 001 Media Borough STP DISCHARGE NUMBER Reporting Frequency Upper Providence Township MONITORING PERIOD Permit Application due Delaware County YEAR MO DAY YEAR MO DAY 3G 15 08 01 TO 15 08 31			

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.1559	2.1349		XXXXXX	XXXXX	XXX XXXXX		0	Continuous	N	Neter	
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXXX	XXXXXX	xxxx		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	6.91	XXXXX	7.68		0	31/Month	(Grab	
	PERMIT	- XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	5.32	XXXXXX	XXXXX	MGAL	0	31/Month	0	Grab	
	PERMIT	XXXXX	XXXXXX	xxxx	5.00	XXXXX	XXXXX	MG/L		Daily	0	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	XXXX	XXXXX			31/Month	Gra				
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	(Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	33.68	43.95	LB/DAY	XXXXXX	3.44	5.00	MG/L	0	9/Month	24H		
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MGAL	0	0/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEI AM FAMILIAR WITH TH	CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALL AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AV		LLY EXAMINED AND AND BASED ON MY	Q		1		TELEPHONE	E DA		
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION, II ACCURATE AND COM	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI MITTING FALSE INFOR	ED INFORMATIK	ON IS TRUE, SIGNIFICANT			ller		(610) 645-4215	2015	09	25
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATL	NMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		E OF PRINCIP		AREA CODE		YEAR	мо	DAY

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue	p	A002412	1	1	[001			
	Brvn Mawr, Pennsylvania 19010 Media Borough STP					DISCH		IUMBER	Reporting Frequency	Monthly
FACILITY									Permit Expires	October 31, 2017
LOCATION	Upper Providence Township			MONITO	DRING F	ERIOD	_		Permit Application due	May 4, 2017
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Dis	charge
WATERSHED	3G	15	08	01	то	15	08	31	NOTE: Read instructio	ns before completing

moleting this form

Parameter		QUANT	TY OR LOADIN	G	Qual		NO.	Frequency OF		MPLE YPE		
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	Analysis		TPE
Total Suspended Solids	SAMPLE MEASUREMENT	112.70	161.03	LB/DAY	XXXXX	11.44	16.00	MG/L	0	9/Month	2	4HC
	PERMIT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	1.00	COL/100ML	0	8/Month	0	Grab
	PERMIT	XXXXXX	XXXXXX	xxxx	XXXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	2.45	XXXXX	LB/DAY	XXXXXX	0.25	XXXXX	MG/L	0	9/Month	2	4HC
10-31)	PERMIT	30.00	XXXXX	LB/DAY	XXXXXX	2.00	XXXXX	MGAL		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXXX		XXXXX	MG/L	0		2	4HC
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXXX			2/Week	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	XXXXXX	0.03	XXXXXX	MG/L	0	1/Month	2	4HC
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	Monitor/Report	XXXXXX	MGA		1/Month	2	4HC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1 1				1				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PE	NALTY OF LAW THAT II	Q.				TELEPHONE	DATE			
Thomas A. Cicala Superintendant, Wastewater	Operations	AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INCURY OF THOSE NDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY PENALTES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY				Tordon H Miller				(610) 645-4215	2015	09
TYPED OR PRINTED		UNDER THESE STATL	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	MO		

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

FACILITY

NAME	Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue
	Bryn Mawr, Pennsylvania 19010

Media Borough STP

nia 19010	PA0024121
	PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Expires October 31, 2 Permit Application due May 4, 2017

LOCATION	Upper Providence Township	MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY			
WATERSHED	3G	15	09	01	то	15	09	30			

NOTE: Read instructions before completing this form

Check here if No Discharge

Parameter		QUANT	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO.	Frequency		MPL	
_		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.1757	2.0583		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	N	/leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxxx		Continuous	N	lleter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.92	XXXXXX	7.74		0	30/Month		Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	6.05	XXXXX	XXXXXX	MG/L	0	30/Month		Grab	
	PERMIT	XXXXXX	XXXXXX	xxxx	5.00	XXXXXX	XXXXXX	MG/L		Daily	(Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	0.05	0.09	MGAL	0	30/Month		Grab	
	PERMIT	XXXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MGAL		Daily	(Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	34.08	39.67	LB/DAY	XXXXX	3.43	4.00	MG/L	0	8/Month	2	4HC	Ī
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	AHC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	0.				TELEPHONE	E	DATE	Ĩ
Thomas A. Cicala	Operations	INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI	ELY RESPONSIE ED INFORMATIO	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Aado	nHM.	iller		(610) 645-4215	2015	10	ĺ
Superintendant, Wastewater Operations		UNDER THESE STATU	MITTING FALSE INFORI INMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AM	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо			

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

SEE SUPPLEMENT SHEETS



Inc.

NAME

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

ADDRESS 762 West Lancaster Avenue

Aqua Pennsylvania Wastewater.

	NATIONAL FOLLOTANT DISCHARGE ELIMINATION STSTEM (
-	DISCHARGE MONITORING REPORT (DMR)

ADDRESS	Bryn Mawr, Pennsylvania 19010	PA0024121	001
	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
LOCATION	Upper Providence Township	MONITORI	NG PERIOD

Reporting Frequency Monthly

Permit Expires October 31, 2017

Permit Application due May 4, 2017

Check here if No Discharge

YEAR YEAR MO DAY **Delaware County** MO DAY TO 01 15 09 WATERSHED 3G 15 09 30

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Quality or Concentration				NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	84.02	149.15	LB/DAY	XXXXXX	8.21	15.00	MGA	0	8/Month	2	4HC	
	PERMIT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	2.00	4650.00	COL/100ML	1	11/Month	(Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	Grab		
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	2.25	XXXXXX	LB/DAY	XXXXX	0.22	XXXXXX	MG/L	0	8/Month	2	4HC	
10-31)	PERMIT	30.00	XXXXXX	LB/DAY	xxxxx	2.00	XXXXXX	MG/L		2/Week	24HC		
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	L8/DAY	XXXXX		XXXXXX	MGAL	0		2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXXX	6.00	XXXXXX	MGAL MG/L		2/Week	24HC		
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	0.03	XXXXX	MGAL	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAG WITH TH	NALTY OF LAW THAT I	AITTED REPEIN	AND BASED ON MY	0.		-1		TELEPHONE	C	DATE	_
Thomas A. Cicala Superintendant, Wastewater	Onerations	INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM PENALTIES FOR SUB	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORM	ELY RESPONSI ED INFORMATIO IAT THERE ARE MATION INCLUD	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		nHm			(610) 645-4215	2015	10	28
TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	MITTING FALSE INFORI ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	DA		

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

SEE SUPPLEMENT SHEETS

3800-FM-BPNPSM0440 3/2012 pennsvlvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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
	- 1							

Other Permit Violations*

Sample collection less frequent than required

 \Box Sample type not in compliance with permit

Violation of permit schedule

Other
Other

-			
- C 14	th	0	
- 21			

Explain		
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:	Hordon H Miller
Title:	Assistant Manager Wastewater	Date:	10/26/15

PERMITTEE NAME/ADDRESS												
NAME	Aqua Pennsylvania Wastewater, Inc.		BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) EXCURSION EXPLANATION									
	762 West Lancaster Avenue											
	Bryn Mawr, Pennsylvania 19010	PA	PA0024121 (B)				001					
FACILITY	Media Borough STP	PERMIT NUMBER					ARGE N	UMBER				
LOCATION	Upper Providence Township			MONITO	RING	PERIOD						
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY				
WATERSHED	3G	15	09	01	то	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.



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue		[]
	Brvn Mawr, Pennsylvania 19010	PA0024121	001
	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
FACILITY	Media Borough STP		

LOCATION	Upper Providence Township	MONITORING PERIOD								
	CountyDelaware	YEAR	MO	DAY		YEAR	MO	DAY		
WATERSHEE	3G	15	09	01	TO	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					



WATERSHED 3G

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

	762 West Lancaster Avenue	P	PA0024121				
FACILITY	Brvn Mawr, Pennsylvania 19010 Media Borough STP	PER		MBER	DISCH	ARGE N	UMBER
	Upper Providence Township			MONITORIN	IG PERIOD		
	Delaware County	YEAR	MO	DAY	YEAR	MO	DAY

 Reporting Frequency
 Monthly

 Permit Expires
 October 31, 2017

 Permit Application due
 May 4, 2017

r offict opproducting and s	MONITORING PERIOD						
Check here if No Discharge	DAY	MO	YEAR		DAY	MO	YEAR
	31	10	15	то	01	10	15

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.1891	1.8225		XXXXX	XXXXXX	XXXXX	XXXX	0	Continuous	N	Neter	
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DALLY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxxx		Continuous	N	leter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.78	XXXXX	7.23		0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	(Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	6.87	XXXXXX	XXXXX	MGAL	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MG/L	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	(Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	54.21	83.93	LB/DAY	XXXXXX	5.40	8.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekty Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	4HC	
	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 PER	IS INFORMATION STIP	94 210-2				TELEPHONE	E DATE				
Thomas A. Cicala Superintendant, Wastewater	Operations	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 POSSIBILIT OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 30 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				(610) 645-4215	2015	11	
TYPED OR PR						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

	762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010		A002412	and and and			001		
FACILITY	Media Borough STP	PER	MIT NUI	MBER	÷.	DISCH	ARGE N	UMBER	Reporting Frequency Monthly Permit Expires October 31, 2017
LOCATION	Upper Providence Township			MONITO	RING F	PERIOD			Permit Application due May 4, 2017
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Discharge
WATERSHED	3G .	15	10	01	то	15	10	31	NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency		MPL	Ξ
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	167.89	244.36	LB/DAY	XXXXXX	16.89	24.00	MGAL	0	9/Month	2	4HC	
	PERMIT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	2.00	540.00	COL/100ML	0	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	PCOL/180ML		2/Week	G	irab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	2.23	XXXXXX	LB/DAY	XXXXX	0.22	XXXXXX	MG/L	0	9/Month	2	4HC	
10-31)	PERMIT	30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0		2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGA.		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	XXXXXX	0.03	XXXXX	MGAL	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1 1				1 1					
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	AM FAMILIAD WITH TH	VALTY OF LAW THAT I	UTTED HEREIN	AND BASED ON MY	9,	0.4.0			TELEPHONE	C	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	DIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH WITTING FALSE INFORI	ELY RESPONSI TED INFORMATIN NAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		mHM			(610) 645-4215	2015	11	24
TYPED OR PRI		OF FINE AND IMPRISO	ANMENT SEE 18 USC § TTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C §1319. (PENALTIES 00 AND OR MAXIMUM	SIGNATUR	E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

NAME

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

DISCHARGE MONITORING REPORT (DMR)

ADDRESS	762 West Lancaster Avenue Brvn Mawr. Pennsylvania 19010 Media Borough STP		A002412	<u> </u>		DISCH	001 ARGE N	UMBER	
LOCATION	Upper Providence Township			MONITO	RING P	ERIOD			
	Delaware County	YEAR	MO	DAY		YEAR	мо	DAY	
WATERSHED	3G	15	11	01	то	16	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		QUANT	ITY OR LOADIN	IG	Qual	litv or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY	INST. MAXIMUM	UNIT	EX	OF Analysis	l	YPE	
Flow	SAMPLE MEASUREMENT	1.2117	1.8884		XXXXXX	XXXXXX	ххххх	XXXXX	0	Continuous	N	/leter	
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXXX		Continuous	N	leter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.57	XXXXXX	7.15		0	30/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXXX	9.00	STD UNITS		Daily	0	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.01	XXXXX	XXXXX	MG/L	0	30/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	XXXX	5.00	XXXXXX	XXXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.04	0.05	MGAL	0	30/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	0.30	1.00	MG/L		Daily	0	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	0	0/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	65.01	87.92	LB/DAY	XXXXXX	6.27	8.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEI AM FAMILIAR WITH TH	NALTY OF LAW THAT II TE INFORMATION SUBM VDIVIDUALS IMMEDIATI	AVE PERSON	ALLY EXAMINED AND AND BASED ON MY	2	0100	0.		TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE, I AM AWARE TH MITTING FALSE INFORM	ED INFORMATION	ON IS TRUE, SIGNIFICANT	Nord		liller	r	(610) 645-4215	2015	12	17
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10.0	C §1319 (PENALTIES 000 AND CR MAXIMUM	0.000	E OF PRINCIPA R OR AUTHORI			AREA CODE NUMBER	YEAR	MO	DAY
COMMENTS (Report all viola SEE SUPPLI	ations on the "Non-C EMENT SHEETS	ompliance Reopri	ling Form")							P	AGE 1	OF	2

PERMITTEE NAME/ADDRESS

Inc.

NAME

Aqua Pennsylvania Wastewater,

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

ADDRESS FACILITY	762 West Lancaster Avenue Bryn Mawr. Pennsylvania 19010 Media Borough STP		A002412	and the second se		DISCH	001 ARGE N	UMBER	
LOCATION	Upper Providence Township			MONITO	DRING F	PERIOD			
	Delaware County	YEAR	мо	DAY		YEAR	MO	DAY	
WATERSHE	3G	15	11	01	то	15	11	30	
									ĺ.,

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		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	tion		NO.	Frequency		MPL YPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TPE
Total Suspended Solids	SAMPLE MEASUREMENT	170.81	205.60	LB/DAY	xxxxx	16.22	20.00	MGAL	0	9/Month	2	4HC
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MGAL		2/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	3.00	58.00	COL/100ML	0	12/Month	(Grab
	PERMIT REQUIREMENT	XXXXXX	XXXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	C	irab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	xxxxx		XXXXXX	MGAL	0		2	4HC
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	2.28	XXXXXX	LB/DAY	XXXXX	0.22	XXXXX	MGA	0	9/Month	2	4HC
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MGA		2/Week	2	4HC
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXXX	хххх	XXXXX	0.03	XXXXX	MGAL	0	1/Month	2	4HC
	PERMIT	XXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGAL		1/Month	2	4HC
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							1 1				
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	LLY EXAMINED AND AND BASED ON MY	2	010	200		TELEPHONE		ATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. II ACCURATE AND COM	PLETE, I AM AWARE TH	ED INFORMATIO	ON IS TRUE, SIGNIFICANT	Word		Till	Z	(610) 645-4215	2015	12
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	C §1319. (PENALTIES 00 AND OR MAXIMUM	1.000	E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо
COMMENTS (Report all viola SEE SUPPLE	tions on the "Non-C EMENT SHEETS	ompliance Reoprt	ing Form")							P/	AGE 2	OF 2



Inc.

Aqua Pennsylvania Wastewater,

NAME

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

ADDRESS	762 West Lancaster Avenue		
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
		PERMIT NUMBER	DISCHARGE NUMBER
FACILITY	Media Borough STP		

Reporting Frequency Monthly Permit Expires

Permit Application due

October 31, 2017

LOCATION	Upper Providence Township	MONITORING PERIOD								
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY		
WATERSHED	3G	15	12	01	то	15	12	31		

Check here if No Discharge

NOTE: Read instructions before completing this form.

May 4, 2017

Parameter		QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION	1	NO.	Frequency		MPLE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	I	TYPE
Flow	SAMPLE MEASUREMENT	1.2871	2.8488		XXXXX	XXXXX	ххххх	XXXX	0	Continuous	N	Neter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	M	Aeter
рН	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	6.20	XXXXXX	7.32		0	31/Month	G	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.95	XXXXX	XXXXXX	MarL	0	31/Month	G	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXXX	XXXXX	MG/L		Daily	G	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	XXXXX	0.04	0.12	MGIL	0	31/Month	G	Grab
	PERMIT	XXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MG/L		Daily	Ģ	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGAL	0	0/Month	2	24HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	78.66	90.13	LB/DAY	XXXXX	7.18	9.00	MG/L	0	10/Month	2	24HC
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	24HC
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER		E INFORMATION SUBI	NITTED HEREIN	AND BASED ON MY	2	, 010			TELEPHONE	D	DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION, LI ACCURATE AND COM	PLETE. I AM AWARE TH	ED INFORMATIC	IS TRUE, SIGNIFICANT	Word	on HII	Tille	ζ.	(610) 645-4215	2016	01
TYPED OR PR		PENALTIES FOR SUBA OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	TES MAY INCLUDE FIN	1001 AND 33 USO	\$1319 (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо

SEE SUPPLEMENT SHEETS



Inc.

NAME

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

ADDRESS	762 West Lancaster Avenue	-
	Bryn Mawr. Pennsylvania 19010	
FACILITY	Media Borough STP	

Aqua Pennsylvania Wastewater,

PA0024121
PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Application due

LOCATION	Upper Providence Township	MONITORING PERIOD									
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY			
WATERSHED	3G	15	12	01	TO	15	12	31			

Check here if No Discharge

NOTE: Read instructions before completing this form.

May 4, 2017

Parameter		QUANT	TY OR LOADIN	IG	QUALT	QUALITY OR CONCENTRATION			NO.	Frequency		MPL	_
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Suspended Solids	SAMPLE MEASUREMENT	188.54	199.30	LB/DAY	XXXXX	17.50	18.50	MGAL	0	10/Month	2	24HC	
	PERMIT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	24HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	7.00	270.00	COL/100ML	0	10/Month	(Grab	
	PERMIT	XXXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	0	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXXX		XXXXXX	MGAL	0		2	24HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXXX	2.00	XXXXX	MG/L		2/Week	2	24HC	
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	5.11	XXXXX	LB/DAY	XXXXX	0.46	XXXXX	MG/L	0	10/Month	2	24HC	
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXXX	6.00	XXXXXX	NG/L		2/Week	2	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	2	24HC	
	PERMIT	XXXXXX	XXXXX		XXXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC	
	SAMPLE MEASUREMENT												
	PERMIT			1 [1 1					
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	<i>ITTED HEREIN</i>	AND BASED ON MY					TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION, I	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORI	ED INFORMATIO	IS TRUE,		onH7	-		_ (610) 645-4215	2016	01	24
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATL	TTES MAY INCLUDE FIN	1001 AND 33 US	C 61319, (PENALTIES					AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue		PA002412	4			001	1
	Bryn Mawr, Pennsylvania 19010					DICOL		
FACILITY	Media Borough STP	PER	RMIT NU	MBER		UISCH	ARGE N	IUMBER
LOCATION	Upper Providence Township			MONITO	DRING F	PERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHED	20	16	01	01	TO	16	01	31

 Ing Frequency
 Monthly

 Expires
 October 31, 2017

 Application due
 May 4, 2017

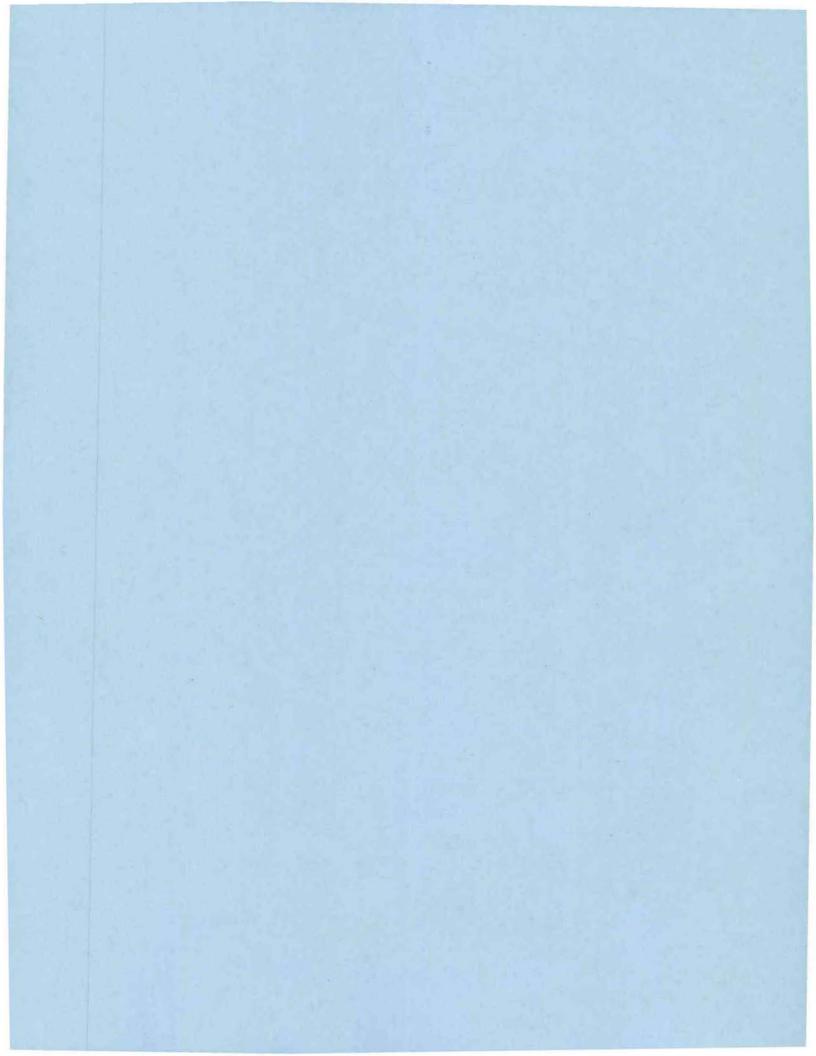
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION	1	NO.	Frequency			
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		FYPE	2
Flow	SAMPLE MEASUREMENT	1.2342	1.6787		XXXXX	ххххх	XXXXX	хххх	٥	Continuous	N	Meter	
	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	хххх		Continuous	N	Neter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.35	XXXXX	7.11		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	7.58	XXXXX	XXXXX	MG/L	٥	31/Month	(Grab	
	PERMIT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MG/L		Daily	Daily Gr	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	ххххх	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	Gra		
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXXX			MG/L	. 0	0/Month	2	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	24HC	;
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	93.38	114.13	LB/DAY	XXXXX	8.81	10.00	MG/L	0	8/Month	2	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekty Average	MG/L		2/Week	24HC		;
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER		NALTY OF LAW THAT I			2	. 010	~~		TELEPHONE		DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. II ACCURATE AND COM	DIVIDUALS IMMEDIATE BELIEVE THE SUBMITT PLETE I AM AWARE TH	ELY RESPONSIE ED INFORMATIO	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Word		Till		(610) 645-4215	2016	02	11
TYPED OR PR		OF FINE AND IMPRISO	MITTING FALSE INFORM INMENT SEE 18 USC §1 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C 61319, (PENALTIES	SIGNATURE OF PRINCIP				AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS





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NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue		
	Brvn Mawr, Pennsvivania 19010	PA0024121	001
FACILITY	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
LOCATION	Upper Providence Township	MONITORI	NG PERIOD

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

Upper Providence YEAR DAY YEAR MO DAY MO Delaware County TO 01 16 01 01 16 31 WATERSHED 3G

Check here if No Discharge

1 1

Permit Application due

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	Frequency	SAMPLE		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Suspended Solids	SAMPLE MEASUREMENT	246.41	275.45	LB/DAY	XXXXX	23.38	25.50	MG/L	0	8/Month	2	24HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	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	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		2	24HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGAL		2/Week	2	24HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	7.24	ххххх	LB/DAY	XXXXX	0.74	XXXXXX	MGAL	0	8/Month	2	24HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MGAL		2/Week	2	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.03	ххххх	MG/L	0	1/Month	2	24HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							1					
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER		NALTY OF LAW THAT I							TELEPHONE	ſ	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION II ACCURATE AND COM	IDMIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSE ED INFORMATIO	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Storde	mHI	lille		(610) 645-4215	2016	02	
TYPED OR PR		OF FINE AND IMPRISO	ITES MAY INCLUDE FIN	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 DETWEEN 6 MONTHS AND 5 YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				мо	D/

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

SEE SUPPLEMENT SHEETS



Inc.

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

ADDRESS	762 West Lancaster Avenue	
	Bryn Mawr, Pennsylvania 19010	
FACILITY	Media Borough STP	PI
	No. of the second secon	

Aqua Pennsylvania Wastewater,

Upper Providence Township

Delaware County

PA0024121	
PERMIT NUMBER	

001 DISCHARGE NUMBER

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017

Permit Application due May 4, 2017

Check here if No Discharge

WATERSHED 3G

LOCATION

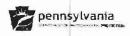
NAME

		MONITO	RING F	PERIOD		
 YEAR	MO	DAY		YEAR	MO	DAY
16	02	01	TO	16	02	29

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	1G	QUALIT	Y OR CONCENT	RATION	ALL V	NO.	Frequency	SAMP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM		EX	OF Analysis	1	YPE
Flow	SAMPLE MEASUREMENT	1.3591	2.5781		xxxxx	XXXXX	XXXXX	XXXX	0	Continuous	N	/leter
	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY	MGD	XXXXXX	XXXXX	XXXXXX	xxxx		Continuous	M	leter
pН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.08	XXXXXX	7.28		0	29/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00			Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXXX	XXXXX	xxxx	8.27	XXXXX	XXXXXX	MG/L	0	29/Month	0	Grab
	PERMIT	XXXXX	XXXXXX	xxxx	5.00	XXXXX	XXXXXX	MGAL		Daily	G	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.09	MGAL	0	29/Month	c	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX		XXXXX	0.30	1.00	MGAL		Daily	G	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	101.31	189.11	LB/DAY	XXXXXX	8.76	17.00	MG/L	0	12/Month	2	4HC
-	PERMIT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	ALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	0-				TELEPHONE	C	DATE
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. II ACCURATE AND COM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE I AM AWARE TH	ED INFORMATIC	ON IS TRUE, SIGNIFICANT	Signatu	mAN	liocor		(610) 645-4215	2016	03
TYPED OR PR		PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1313. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP to \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN & NONTHS AND 5 YEARS.)				SIGNATORE OF FRINCIPAL EXECUTIVE				AREA CODE NUMBER	YEAR	мос

SEE SUPPLEMENT SHEETS



Inc.

NAME

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)

ADDRESS	762 West Lancaster Avenue	
	Bryn Mawr, Pennsylvania 19010	
FACILITY	Media Borough STP	
LOCATION	Upper Providence Township	

Delaware County

Aqua Pennsylvania Wastewater,

PA0024121
PERMIT NUMBER

001 DISCHARGE NUMBER

Reporting Frequency Monthly Permit Expires October

Permit Expires October 31, 2017 Permit Application due May 4, 2017

,		MONITORING PERIOD								
	YEAR	MO	DAY		YEAR	MO	DAY			
	16	02	01	TO	16	02	29			

Check here if No Discharge

NOTE: Read instructions before completing this form.

Para	meter		QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPLE
Total Suspended			MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	TYPE
Total Suspend	ed Solids	SAMPLE MEASUREMENT	193.97	442.33	LB/DAY	XXXXX	16.92	41.00	MG/L	0	12/Month	2	24HC
		PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	24HC
Fecal Coliform		SAMPLE MEASUREMENT	XXXXXX	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	C	Grab
Ammonia as N	l (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0		2	24HC
10-31)		PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXXX	2.00	XXXXX	MG/L		2/Week	2	24HC
Ammonia as N	l (11-01 to	SAMPLE MEASUREMENT	3.73	XXXXX	LB/DAY	XXXXX	0.32	XXXXX	MG/L	0	10/Month	2	24HC
04-30)		PERMIT REQUIREMENT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L,		2/Week	2	24HC
Total Copper		SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXXX	MGAL	0	1/Month	2	24HC
		PERMIT REQUIREMENT	XXXXX	XXXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT			1 1								
NAME/TITLE PE	RINCIPAL EXECU	TIVE OFFICER	AM FAMILIAR WITH TH	ALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	9				TELEPHONE	C	DATE
Thomas A. Cicala Superintendant, Wastewater Operations			PENALTIES FOR SUBI	BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORM		RE OF PRINCIP			(610) 645-4215	2016	03 2		
Т	TYPED OR PRI	NTED	OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC § TES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	IES UP TO \$10,0	C §1319. (PENALTIES 100 AND OR MAXIMUM		R OR AUTHOR			AREA CODE NUMBER	YEAR	MO D



Inc.

NAME

LOCATION

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)**

ADDRESS	762 West Lancaster Avenue	P
	Bryn Mawr, Pennsylvania 19010	PA00241
		PERMIT NU
FACILITY	Media Borough STP	

Aqua Pennsylvania Wastewater,

Upper Providence Township

Delaware County

PA0024121
PERMIT NUMBER

MO

03

DAY

01

YEAR

16

001 DISCHARGE NUMBER

03

16

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Application due May 4, 2017

MONITORING PERIOD YEAR MO DAY Check here if No Discharge TO 31

NOTE: Read instructions before completing this form.

Parameter	0	QUANTITY OR LOADING			QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	T	YPE	
Flow	SAMPLE MEASUREMENT	1.3854	3.0362		XXXXX	XXXXX	ххххх	ХХХХ	0	Continuous	N	/leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	N	leter	
рH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.17	XXXXX	7.10		0	31/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXXX	9.00	STD UNITS		Daily	G	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.87	XXXXXX	XXXXX	MGAL	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MG/L		Daily	0	Grab	-
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	XXXXX	0.03	0.05	MG/L	0	31/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MG/L		Daily	0	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	٥	0/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	74.18	108.59	LB/DAY	XXXXX	4.86	6.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	ALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	01		~		TELEPHONE	(c	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION, I B ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, JAM AWARE TH MITTING FALSE INFORM	ED INFORMATIC	ON IS TRUE, SIGNIFICANT	Norde		Teller		(610) 645-4215	2016	04	25
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	INMENT SEE 18 USC §	1001 AND 33 US	C 61319. (PENALTIES		RE OF PRINCIP ER OR AUTHOF			AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS FACILITY	Bryn Mawr, Pennsylvania 19010		PE	PA0024121 ERMIT NUN			001 DISCHARGE NUMBER				rting Freque	ency	Monthly October 31, 2017			
LOCATION	Upper Providence Towns	ip			MONITOR	RING F	PERIOD			Permi	t Applicatio	n due	May 4, 2017			
	Delaware County		YEAR	MO	DAY		YEAR	MO	DAY	Ch	eck here if	No Discl	narge			
WATERSHE	D_3G		16	03	01	TO	16	03	31	NOTE	E: Read in:	structions	s before complet	ling this form.		
P	arameter	Q	QUANTITY OR LOADING				QUALIT	Y OR CO	NCENTR			NO.	Frequency	SAMPLE		
		MONTH	ILY	WEEKLY	LINUTO	1	NST.	MONT	HLY	INST.		EX	OF	TYPE		

		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		166	
Total Suspended Solids	SAMPLE MEASUREMENT	126.70	171.49	LB/DAY	xxxxx	8.67	12.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	1.00	26.00	COL/100ML	0	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	0	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0		2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	11.00	XXXXX	LB/DAY	XXXXXX	0.67	XXXXX	MG/L	0	9/Month	2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	ххххх	xxxx	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1 1				1					
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	2	0/000			TELEPHONE	C	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TH WITTING FALSE INFOR!	ED INFORMATIK	ON IS TRUE, SIGNIFICANT	Nordo		iller		(610) 645-4215	2016	D4	23
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C 51319 (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



Inc.

Aqua Pennsylvania Wastewater,

NAME

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

2 West Lancaster Avenue		
n Mawr Pennsylvania 19010	PA0024121	001
	PERMIT NUMBER	DISCHARGE NUMBER
	yn Mawr, Pennsvlvania 19010 edia Borough STP	vn Mawr, Pennsylvania 19010 PR0024121 PERMIT NUMBER

Reporting Frequency Monthly Permit Expires October 31, 2017

LOCATION	Upper Providence Township	MONITORING PERIOD										
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY				
WATERSHED	3G	16	04	01	TO	16	04	30				

Check here if No Discharge

Permit Application due

NOTE: Read instructions before completing this form.

May 4, 2017

Parameter		QUANTI	QUANTITY OR LOADING			Y OR CONCENT	RATION		NO.	Frequency		AMPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Flow	SAMPLE MEASUREMENT	1.3222	2.8395		xxxxx	XXXXX	XXXXX	хххх	0	Continuous	n N	Neter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	N	leter	
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	NGA	0	30/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily	(Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	хххх	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	2	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	102.78	130.12	LB/DAY	XXXXX	8.35	9.00	MGAL	0	8/Month	2	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	24HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	ALTY OF LAW THAT I	HAVE PERSONA	AND BASED ON MY	Q.,	0.1-			TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant. Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION LI ACCURATE AND COM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE I AM AWARE TH	ELY RESPONSIE ED INFORMATIO	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nord	mHT	Tille		(610) 645-4215	2016	05	2
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISC UNDER THESE STATU IMPRISONMENT OF BI	INMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US ES UP TO \$10,0	C \$1319. (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lanc Brvn Mawr. Per Media Borough	nnsylvania 19010		-	PA002412 RMIT NUN			DISCH	001 HARGE I	NUMBEI		orting Frequ	iency	Monthly	
LOCATION	Upper Provider				MONITOR	RING I	PERIOD			Pern	October 31, 201 May 4, 2017	7			
	Delaware Cour	tv		YEAR	MO	DAY		YEAR	MO	DAY		heck here i	f No Disc	harge	
WATERSHE	D_3G			16	04	01	то	16	04	30		E: Read in	struction	s before complet	ting this form.
Р	arameter		QL			NG		QUALIT	YORCO	ONCENT	RATION		NO.	Frequency	SAMPLE
			MONTH		VEEKLY VERAGE	UNITS		INST. NIMUM	MON		INST. MAXIMUM	UNIT	EX	OF Analysis	TYPE
Total Susp	ended Solids	SAMPLE MEASUREMENT	251.54		329.32	LB/DAY	x	XXXX	19.	88	23.50	MG/L	0	8/Month	24HC
		PERMIT	450.00)	675.00	LB/DAY	X	XXXX	30.	00	45.0 Weekly	MG/L		2/Week	24HC

TYPED OR PR	RINTED	UNDER THESE STATL	DIMENT SEE 18 USC § UTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	ES UP TO \$10.0			R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	DAY
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM PENALTIES FOR SUBI	VDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORM	ED INFORMATION	ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY	SIGNATU	CON HI	Mill PAL EXECU		(610) 645-4215	2016	05	24
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	21	. 011			TELEPHONE	C	DATE	
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT									Ĩ			
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	0.05	XXXXXX	MG/L	0	1/Month	2	24HC	
	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MG/L		2/Week	2	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	2	24HC	
	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXXX	MG/L		2/Week	2	24HC	
Ammonia as N (05-01 to 10-31)	SAMPLE		XXXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		2	24HC	
	PERMIT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	SCOL/100ML		2/Week	0	Grab	
Fecal Coliform	SAMPLE MEASUREMENT	ххххх	XXXXXX	xxxx	XXXXX	15.00	940.00	COL/100ML	0	12/Month	0	Grab	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekty Average	MG/L		2/Week	2	24HC	
Total Suspended Solids	SAMPLE MEASUREMENT	251.54	329.32	LB/DAY	XXXXX	19.88	23.50	MG/L	0	8/Month	2	AHC	
		AVERAGE	AVERAGE	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT		Analysis			

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

SEE SUPPLEMENT SHEETS



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue Brvn Mawr, Pennsylvania 19010		A002412			DISCH	001	IUMBER	Reporting Frequency	Monthly
FACILITY	Media Borough STP		MONITO	DRING F				Permit Expires Permit Application due	October 31, 2017 May 4, 2017	
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Disc	charge
WATERSHED	3G	16	05	01	то	16	05	31	NOTE: Read instruction	ns before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	Frequency	SAMPLE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	TYPE	
Flow	SAMPLE MEASUREMENT	1.4618	2.6640		xxxxx	XXXXX	XXXXX	хххх	0	Continuous	N	leter
	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	XXXXX		Continuous	N	eter
pН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.51	XXXXX	7.06		0	31/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXXX	xxxx	6.00	XXXXX	9.00			Daily	G	rab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.51	XXXXX	XXXXX	MG/L	0	31/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXXX	XXXXX	MG/L		Daily	G	Frab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.04	0.12	MG/L	D	31/Month	0	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	MG/L		Daily	0	irab
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	2	4HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			Migil,	0	0/Month	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILLAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY				Q 01000				TELEPHONE	DATE	
Thomas A. Cicala Superintendant, Wastewater Operations		HOUTRY 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			Stordon H Miller				(610) 645-4215	2016	06	
TYPED OR PRINTED		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				AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater Inc.

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

ADDRESS	762 West Lancaster Avenue		
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
		PERMIT NUMBER	DISCHARGE NUMBER
FACILITY	Media Borough STP		

Reporting Frequency Monthly

Permit Application due

Permit Expires

LOCATION	Upper Providence Township			MONITO	RING F	PERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY
WATERSHE	0 3G	16	05	01	TO	16	05	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

October 31, 2017

May 4, 2017

Parameter		QUANT	ITY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	199.39	362.72	LB/DAY	xxxxx	15.96	25.50	MG/L	0	10/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	5.00	250.00	COL/100ML	0	9/Month	0	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	0	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	10.47	XXXXXX	LB/DAY	XXXXX	0.79	XXXXX	MG/L	0	8/Month	2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	24HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXXX	MG/L	0		2	4HC	
04-30)	PERMIT	90.00 X	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	ххххх	XXXXXX	xxxx	XXXXX	0.04	XXXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT RÉQUIREMENT												
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH T	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	-9-				TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE I AM AWARE TH	ED INFORMATIO	DN IS TRUE, SIGNIFICANT		on HI			(610) 645-4215	2016	D6	
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFORI DNMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AJ	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	C

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	Brvn Mawr Pennsylvania 19010 Media Borough STP OCATION Upper Providence Township Delaware County	010	F	PA002412	:1			001				
FACILITY			PERMIT NUMBER				DISCH	IARGE N	UMBER	Reporting Frequency Permit Expires	Monthly October 31, 201	7
LOCATION					MONITO	RING	PERIOD			Permit Application due	May 4, 2017	
			YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Di	scharge	
WATERSHED 30	3G		16	06	01	то	16	06	30	NOTE: Read instruction	ons before complet	ing this form.
Pa	rameter	Q			ING		QUALIT	YORCO	NCENTRATIC	NO NO	Frequency	SAMPLE

Parameter	the state of the s	de d	ITT ON LOADIN		GOALIT	I ON CONCENT	in other	1	110,	05			
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	YPE	
Flow	SAMPLE MEASUREMENT	1.2922	2.5000		XXXXX	XXXXX	XXXXX	xxxx	0	Continuous	N	leter	
	PERMIT REQUIREMENT	REPORT MONTHLY	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXXX	XXXX		Continuous	N	leter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.37	XXXXX	7.19		0	30/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.50	XXXXX	XXXXX	MG/L	0	30/Month	C	Grab	
	PERMIT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	0.04	0.07	NGAL	0	30/Month	c	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXXX	0.30	1.00	MG/L		Daily	C	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	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		1	LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC	
	PERMIT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER		NALTY OF LAW THAT I			0				TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATIO	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nordi		llen		(610) 645-4215	2016	07	21
TYPED OR PR		OF FINE AND IMPRISO	MITTING FALSE INFORI DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIF ER OR AUTHOF			AREA CODE NUMBER	YEAR	мо	DAY

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	Bryn Mawr, Pennsylvania 19010 ITY Media Borough STP TION Upper Providence Township Delaware County			PA002412				001					
FACILITY	Media Borough STP		Р	ERMITNU	MBER		DISCI	HARGE NUM		porting Frequ rmit Expires	Jency	Monthly October 31, 201	7
LOCATION		wnship	MONITO		ORING PERIOD			Pe	rmit Applicati	on due	May 4, 2017		
			YEAR	MO	DAY		EAR	MO C	AY DAY	Check here	if No Disc	harge	
VATERSHED 3G		16	06	01	то	16	06	30 NC	OTE: Read in	nstruction	s before complet	ing this form.	
		UANTITY	OR LOAD	ING	Q	JALIT	Y OR CONCE	INTRATION		NO.	Frequency	SAMPLE	
-		MONT		WEEKLY	UNITS		Sec. 1	MONTHLY			EX	OF Analysis	TYPE

		AVERAGE	AVERAGE	UNITS	INST. MINIMUM	AVERAGE	INST. MAXIMUM	UNIT		Analysis			
Total Suspended Solids	SAMPLE MEASUREMENT	108.21	144.98	LB/DAY	ххххх	9.86	13.35	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	9.00	230.00	COL/100ML	0	11/Month	c	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	G	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	2	4HC	
10-517	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXXX		XXXXXX	MG/L	0		2	4HC	
04-30)	PERMIT	90.00	XXXXXX	LB/DAY	XXXXXX	6.00	XXXXXX	N/G/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXXX	xxxx	XXXXXX	0.03	XXXXX	NGAL	٥	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT II	AITTED HEREIN	AND BASED ON MY	2				TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORM	ED INFORMATIO	ON IS TRUE, SIGNIFICANT		on H7			(610) 645-4215	2016	07	21
TYPED OR PR	INTED	OF FINE AND IMPRISO	DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	DAY

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

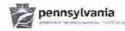
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

ADDRESS	Brvn Mawr. Pennsvlvania 19010 LITY Media Borough STP ATION Upper Providence Township Delaware County		P	A002412	1			001	į				
FACILITY			PERMIT NUMBER DISCHARGE NU					UMBER	Reporting Frequency Monthly Permit Expires October 31, 2017				
LOCATION	Upper Providence Township				MONITO	ORING	PERIOD			Permit Application due	May 4, 2017		
	Delaware County	Y	EAR	MO	DAY		YEAR	MO	DAY	Check here if No D	Discharge		
	3G			G 16 07 01		то	TO 16 07 3		31	NOTE: Read instruct	ions before	• completi	ing this form.
		OUAN		RIGAD	ING		QUALIT		NCENTRATION	NC) Freq	uency	SAMPLE

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	05		TYPE	
Flow	SAMPLE MEASUREMENT	1.2246	1.5370		XXXXX	XXXXX	XXXXX	юхих	0	Continuous	N	/let e r	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	хххх		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.59	XXXXX	6.93		D	31/Month	(Grab	
	PERMIT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily		Grab	
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	MG/L		Daily	(Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT XXXXX XXXXX XXXXX 0.04		0.07	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	34.44	43.51	LB/DAY	XXXXX	3.19	4.00	MGлL	0	8/Month	2	24HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	24HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2	24HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	_
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	E INFORMATION SUB	MITTED HEREIN	AND BASED ON MY	9.4				TELEPHONE	(c	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION IN ACCURATE AND COM	BELIEVE THE SUBMITT	ED INFORMATIO	ON IS TRUE, SIGNIFICANT		nH Mil			(610) 645-4215	2016	08	24
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	INMENT SEE 18 USC §	1001 AND 33 US	C \$1319. (PENALTIES	=.=	RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



Inc.

Aqua Pennsylvania Wastewater,

NAME

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

ADDRESS	762 West Lancaster Avenue			
	Brvn Mawr, Pennsylvania 19010	PA0024121	001	
	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER	Reporting Frequency
FACILITY	Media Berough off			Permit Expires
		-		Dermit Application due

October 31, 2017 May 4, 2017 Permit Application due

DAY

31

Check here if No Discharge

LOCATION	Upper Providence Township			MONITO	DRING F	PERIOD		
	Delaware County	YEAR	MO	DAY		YEAR	MO	1
WATERSHED	3G	16	07	01	то	16	07	

NOTE: Read instructions before completing this form.

Monthly

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency	0.000	AMPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	I	TYPE	
Total Suspended Solids	SAMPLE MEASUREMENT	113.21	142.36	LB/DAY LB/DAY XXXX XXXX LB/DAY LB/DAY LB/DAY LB/DAY	xxxxx	10.50	12.50	MG/L	0	8/Month	2	24HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	24HC	
Fecal Coliform	SAMPLE MEASUREMENT PERMIT REQUIREMENT	XXXXX	XXXXX		XXXXXX	4.00	84.00	COL/100ML	0	8/Month	(Grab	
		XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	0	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	5.34	XXXXX	LB/DAY	XXXXX	0.50	XXXXXX	MGAL	0	8/Month	2	24HC	
-31) nmonia as N (11-01 to	PERMIT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	24HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXX	6 11 12	ххххх	MG/L	0	ļ	2	24HC	
nmonia as N (11-01 to -30)	PERMIT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	NIGIL		2/Week	2	24HC	-
Total Copper	- SAMPLE MEASUREMENT	XXXXXX		xxxx	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	2	24HC	
	PERMIT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC	
	SAMPLE MEASUREMENT												
	PERMIT			1 [1 [
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER		IE INFORMATION SUBM	ITTED HEREIN	AND BASED ON MY	01				TELEPHONE	Ľ	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION II ACCURATE AND COM	BELIEVE THE SUBMITT	ED INFORMATIO	ON IS TRUE, SIGNIFICANT		nHM			(610) 645-4215	2015	08	
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISC UNDER THESE STATU IMPRISONMENT OF BI	INMENT SEE 18 USC §	1001 AND 33 US	C 51319 (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Av Bryn Mawr, Pennsylva			PA002412	:1			001					
FACILITY	Media Borough STP		PE	RMIT NU	MBER		DISCH	ARGE N	UMBER	Reporting Fi Permit Expir		Monthly October 31, 201	7
LOCATION	Upper Providence Tow	nship			MONITO	RING F	PERIOD	_		Permit Appli	cation due	May 4, 2017	
	Delaware County		YEAR	MO	DAY		YEAR	MO	DAY	Check he	ere if No Disc	charge	
WATERSHEE	3G	· · · · · · · · · · · · · · · · · · ·	16	08	01	то	16	08	31	NOTE: Rea	d instruction	s before complet	ing this form.
Pa	arameter				ING		QUALIT	YORCO	NCENTRAT	ION	NO,	Frequency	SAMPLE
1											EX	OF	TYPE

Parameter		QUANT	ITT OK LOADIN	G	QUALI	TURCUNCEN	RATION	1	NO.	Flequency		IVIPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	1.2061	2.3500	-	xxxxx	XXXXX	XXXXX	XXXX	0	Continuous	N	leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	N	leter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.26	XXXXX	7.15		0	31/Month	c	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Brab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.39	XXXXX	XXXXX	MG/L	0	31/Month	C	Grab	
	PERMIT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MGAL		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MGAL	0	31/Month	(Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MG/L		Daily	c	Brab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	36.60	50.80	LB/DAY	XXXXX	3.21	5.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE			LB/DAY	XXXXX			MG/L	0	0/Month	2	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	0	0.100	-		TELEPHONE	ļ	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM	NDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT IPLETE, I AM AWARE TH MITTING FALSE INFORI	ED INFORMATIN	ON IS TRUE, SIGNIFICANT	Iford	mHM	Uler		(610) 645-4215	2016	09	23
TYPED OR PR	-	OF FINE AND IMPRISO	DIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AM	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	DAY

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

SEE SUPPLEMENT SHEETS



NAME Aqua Pennsylvania Wastewater Inc.

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

ADDRESS	762 West Lancaster Aver	110					-							
ADDITEOU	Brvn Mawr, Pennsylvania			PA002412	1			001						
FACILITY	Media Borough STP		PI	ERMIT NUM	IBER		DISCI	HARGE N	IUMBER		rting Freque it Expires	епсу	Monthly October 31, 201	7
LOCATION	Upper Providence Towns	hip			MONITO	RING F	PERIOD			Perm	it Applicatio	on due	May 4, 2017	
	Delaware County		YEAR	MO	DAY		YEAR	MO	DAY		neck here if	f No Disc	harge	
WATERSHEI	D_3G		16	08	01	то	16	08	31	NOT	E: Read in:	struction	s before complet	ing this form.
P	arameter	Q	UANTITY	OR LOAD	ING		QUALIT	Y OR CO	NCENTR	ATION		NO.	Frequency	SAMPLE
1		MONTH	ILY	WEEKLY		1	NST.	MONT	HLY	INST.	LINIT	EX	OF Analysis	TYPE

		MONTHLY	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	123.74	191.55	LB/DAY	ххххх	11.60	19.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
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	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	10.99	XXXXX	LB/DAY	XXXXX	0.86	XXXXX	MG/L	0	9/Month	2	4HC	į.
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	XXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I			0.				TELEPHONE	τ	DATE	
Thomas A, Cicala Superintendant, Wastewater	Operations	THE INFORMATION IN ACCURATE AND COM	IDVIDUALS IMMEDIAT	ELY RESPONSIE ED INFORMATION HAT THERE ARE	DLE FOR OBTAINING ON IS TRUE, SIGNIFICANT					(610) 645-4215	2016	09	23
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § TTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C §1319 (PENALTIES		R OR AUTHOR		5 5053 XTES	AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS



LOCATION

WATERSHED 3G

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

Delaware County

Upper Providence Township

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

TO

16

09

ADDRESS	762 West Lancaster Avenue		
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
FACILITY	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
PAGILITY	_		

YEAR

16

MO

09

01

Reporting Frequency Monthly Permit Expires October 31, 2017

Permit Application due MONITORING PERIOD MO YEAR DAY DAY

30

Check here if No Discharge

NOTE: Read instructions before completing this form.

May 4, 2017

Parameter		QUANTI	TY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency	0.000000	MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	YPE	
Flow	SAMPLE MEASUREMENT	1.2509	1.7270		xxxxx	xxxxx	ххххх	XXXX	0	Continuous	M	leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	M	leter	
рH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.66	XXXXX	7.16		0	30/Month	G	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	G	irab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	5.14	XXXXX	XXXXX	MG/L	0	30/Month	G	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MG/L		Daily	G	Frab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.08	MGAL	0	30/Month	c	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.30	1.00	MGAL		Daily	G	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	39.12	55.53	LB/DAY	XXXXX	3.48	4.00	MG4L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MG/L		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MG/L	0	0/Month	2.	4HC	
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	xxxxx	25.00	40.0 Weekly Average	MG/L		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	E INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY	0,				TELEPHONE	D	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I & ACCURATE AND COM	ELIEVE THE SUBMITT PLETE 1 AM AWARE TH	ED INFORMATIC	IS TRUE, SIGNIFICANT	Norde	mHM	ller	-	(610) 645-4215	2016	ta:	1
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US	C §1319 (PENALTIES		RE OF PRINCIP			AREA CODE NUMBER	YEAR	мо	t

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

SEE SUPPLEMENT SHEETS



NAME

PERMITTEE NAME/ADDRESS

Inc.

Aqua Pennsylvania Wastewater,

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

762 West Lancaster Avenue		
Bryo Mawr. Pennsylvania 19010	PA0024121	001
	PERMIT NUMBER	DISCHARGE NUMBER
Media Borobyn o'r		
	762 West Lancaster Avenue Brvn Mawr. Pennsylvania 19010 Media Borough STP	Brvn Mawr. Pennsylvania 19010 PR0024121 PERMIT NUMBER

Reporting FrequencyMonthlyPermit ExpiresOctober 31, 2017Permit Application dueMay 4, 2017

LOCATION	Upper Providence Township			MONITO	DRING F	PERIOD		
	Delaware County	YEAR	мо	DAY		YEAR	мо	DAY
WATERSHED	3G	16	09	01	то	16	09	30

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	QUALI	Y OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	133.10	254.90	LB/DAY	xxxxx	11.22	18.50	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekty Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	13.00	240.00	COL/100ML	0	9/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	¢	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	6.85	XXXXX	LB/DAY	XXXXX	0.61	XXXXX	MGAL	0	9/Month	2	4HC	
10-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXX	MG/L		2/Week	2	4HC	-
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.02	XXXXXX	MG/L	٥	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	Monitor/Report	XXXXX	MGA.		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	AM FAMILIAR WITH TH	ALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	0				TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. II ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE: I AM AWARE TH MITTING FALSE INFORI	ED INFORMATK	IS TRUE,		m747			(610) 645-4215	2016	10	2
TYPED OR PR	NTED	OF FINE AND IMPRISC	INMENT SEE 18 USC §	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES		R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	04

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

SEE SUPPLEMENT SHEETS

3800-FM-BPNPSM0462 3/2012

pennsylvania

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

PERMITTEE NAME/ADDRESS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDE	ES)
DISCHARGE MONITORING REPORT (DMR)	

NAME	Aqua P	A Wastewater, Inc					-				Re	porting Fre	eque	ncy:	Monthly		
ADDRESS	762 W L	ancaster Avenue		PAC	02412	1 A-2			001		DN	IR Effectiv	e Fr	om:	October 1.	2015	
	Bryn M	awr, PA 19010		PERM	UN TIN	MBER	Г	OUTF	ALL NU	IMBER	DN	AR Effectiv	е То);	October 31	1. 2017	
ACILITY	Media E	Borough STP					-				 Pe	rmit Expire	s:		October 31		
	Upper F	Providence Twp				MONITOF		RIOD			Pe	mit Applic	atio	n Due:	May 4, 201	17	
-	Delawa	re County		YEAR	MO	DAY		YEAR	MO	DAY		Check he	ere if	No Disch	arge		
WATERSHED	3-G	4. F	FROM	2016	10	01	то	2016	10	31		OTE: Read	Inst	ructions t	efore comple	eting thi	s form
DADAMETE			QUAN	TITY OR	LOADI	NG		QUAL	ITY OR	CONC	ENTRATI	ON		NO.	FREQUENC		
PARAMETE	-R		VALUE	VAL	UE	UNITS	VALU	E	VALU	E	VALUE	UNIT	s	EX	OF ANALYSIS	SA	MPLE TYPE
		SAMPLE MEASUREMENT	1.2318	1.43	40		XXX	x	XXXX	<	xxxx			0	Continuous		Metered
	ľ	PERMIT	Report	Rep			WWW		~~~~	, †	WWW	-			0		
Flow		REQUIREMENT	Avg Mo	Daily		MGD	XXX	×	XXXX	<u> </u>	XXXX	XXX	X		Continuous		Metered
		SAMPLE MEASUREMENT	XXXX	xxx	x		6.47		XXXX	<	7.13			0	1/day		Grab
рН		PERMIT	xxxx	xxx	(X	xxxx	6.0 Inst M		xxx	<	9.0 Inst Max	S.U			1/day		Grab
Pri		SAMPLE		1		70001	5.73		XXXX	<	XXXX	0.0		0	1/day	-	Grab
		PERMIT	XXXX	XXX	CX		5.0	-				-				+	
Dissolved Oxyge	en	REQUIREMENT	XXXX	XXX	x	XXXX	Inst M		XXX	<	XXXX	mg/			1/day		Grab
		SAMPLE MEASUREMENT	XXXX	xx	x		XXX	x	0.04		0.08			0	1/day		Grab
Total Residual C	hlorine	PERMIT REQUIREMENT	XXXX	xxx	x	xxxx	XXX	x	0.3 Avg N		1.0 Inst Max	mg/			1/day		Grab
		SAMPLE MEASUREMENT	982	XXX			XXX	x	96	-	XXXX			0	2/week		24HC
CBOD5	ł	PERMIT	Report		~				Repo	rt		-				+	0.00
Raw Sewage Inf	luent	REQUIREMENT	Avg Mo	XXX	X	lbs/day	XXX	×	Avg N		XXXX	mg/	-		2/week	_	24HC
		SAMPLE MEASUREMENT	37.04	45.3	37		XXX	x	3.59		4.25			0	2/week		24HC
CBOD5 May 1 - Oct 31		PERMIT REQUIREMENT	225 Avg Mo	37 Wkly		lbs/day	XXX	x	15 Ava N	10	25 Wkly Ava	ma/			2/week		24HC
		SAMPLE MEASUREMENT					XXX	x						0	2/week		24HC
CBOD5 Nov 1 - Apr 30		PERMIT	375 Avg Mo	60 Wkly	-	lbs/dav	xxx	x	25 Avg N	10	40 Wkly Avg				2/week		24HC
the second se	PRINCIP	AL EXECUTIVE	I certify under penalty o direction or supervisio essure that gualified p	if law that this doo	ument was p with a sys	prepared under my stem designed to								IONE		DAT	F
Gordon H. Miller			submitted Based on m the system or those information, the information	y inquiry of the p persons directly	erson or per responsible	sons who manage for gathering the	A	ndos	21	mi	1100	(610)	_	0-6384	2016	11	23
Asst. Manager, V	Nastewa ED OR PR		and belief, true, accur significant penalties fr possibility of fine and in C S. § 4904 (relating to	ate and complete or submitting fail optisonment for k	e. I am awa se informati mowing viola	are that there are			F PRINCI	PALEXE	CUTIVE	AREA		UMBER	YEAR	MO	DAY

3800-FM-BPNPSM0462 3/2012

pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

PERMITTEE NAME/ADDRESS

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

DDRESS	762 W	Lancaster Avenue		PAO	02412	1 A-2		001		D	VR Effective	From:		October 1,	2015	
	Bryn N	lawr, PA 19010		PERM		MBER	TUO	FALL N	UMBE		VR Effective		-	October 31		
ACILITY		Borough STP	I		_						ermit Expires			October 31		
OCATION		Providence Twp	[MONITOR					ermit Applica		1			
OCATION		are County		YEAR	MO	DAY	YEAF		DA		Check her			May 4, 201	/	
VATERSHED	3-G		FROM	2016	10	01	то 2016		3		DTE: Read I				ting this	s form
			QUAN	TITY OR	LOADI	NG	QUA	LITY O	RCON	CENTRAT	ION	NC	FR	EQUENCY		
PARAMET	ER		VALUE	VAL	UE	UNITS	VALUE	VAL	UE	VALUE	UNITS	_	(OF	SA	MPLE TYPE
		SAMPLE MEASUREMENT	1368	XXX	x		XXXX	13	4	XXXX		0		2/month		24HC
BOD5 Raw Sewage Ir	nfluent	PERMIT REQUIREMENT	Report Avg Mo	xxx	x	lbs/day	XXXX	Rep Avg		XXXX	mg/L			2/month		24HC
Total Suspende	ed	SAMPLE MEASUREMENT	937	XXX	x		XXXX	92		XXXX		0		2/week		24HC
Solids Raw Sewage In	nfluent	PERMIT REQUIREMENT	Report Avg Mo	xxx	x	lbs/day	XXXX	Rep Avg		XXXX	mg/L			2/week		24HC
		SAMPLE MEASUREMENT	96.76	156.			XXXX	9.2	6	15.00		0		2/week		24HC
Total Suspende Solids	eď	PERMIT REQUIREMENT	450 Avg Mo	67 Wkly		lbs/day	XXXX	30 Avg		45 Wkly Avo	mg/L			2/week		24HC
		SAMPLE MEASUREMENT	xxxx	XXX	x		XXXX					0		2/week		Grab
Fecal Coliform May 1 - Sep 30		PERMIT REQUIREMENT	xxxx	XXX	x	xxxx	XXXX	20 Geo N		1000 Inst Max	#col / 100ml			2/week		Grab
		SAMPLE MEASUREMENT	xxxx	XXX	x		XXXX	4		560		C		2/week		Grab
Fecal Coliform Oct 1 - Apr 30		PERMIT REQUIREMENT	xxxx	xxx	x	xxxx	XXXX	20 Geo N		1000* Inst Max	#col / 100ml			2/week		Grab
		SAMPLE MEASUREMENT	xxxx	XXX	x		XXXX	31.		XXXX		0		2/month		24HC
Total Nitrogen (NO2 + NO3 +	TKN)	PERMIT REQUIREMENT	xxxx	xxx	x	xxxx	XXXX	Rep Avg		XXXX	mg/L			2/month		24HC
		SAMPLE MEASUREMENT	7.64	XXX	x		XXXX	0.7	4	XXXX		C		2/week		24HC
Ammonia-Nitro May 1 - Oct 31		PERMIT REQUIREMENT	30 Avg Mo	xxx	x	lbs/day	XXXX	2.0 Avg		XXXX	mg/L			2/week		24HC
NAME/TITL	E PRINCIP OFFICE	PAL EXECUTIVE	I certify under penalty of direction or supervision assure that qualified	n in accordance personnel gather	with a system and eveluat	stem designed to be the information	0,				TELI	PHON	E		DAT	E
Gordon H. Mille Asst. Manager,		ater Operations	submitted Based on m the system or those information, the inform and belief, true, accur	persons directly ation submitted is ate and complete	to the best	for gathering the of my knowledge are that there are	Mond	m 7	m	Tillon	(610)	520-63	84	2016	11	23
	PED OR P		significant penalties f possibility of fine and is C S § 4904 (relating to	or submitting feat	se informati nowing viola	on, Including the	SIGNATURE				AREA CODE	NUM	BER	YEAR	мо	DAY

3800-FM-BPNPSM0462 3/2012

PERMITTEE NAME/ADDRESS

pennsylvania

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)

NAME ADDRESS	Aqua I	PA Wastewater, Inc.	·						Re	eporting Fre	quency:	Monthly				
ADDRESS	762 W	Lancaster Avenue		YEAR MO DAY 2016 10 01 QUANTITY OR LOADING	1 A-2		001	D	MR Effective	From:	October 1, 2015					
ADDRESS 762 V Bryn FACILITY Media LOCATION Uppe Delay WATERSHED 3-G PARAMETER Ammonia-Nitrogen Nov 1 - Apr 30 Total Phosphorus Total Copper	Bryn N	lawr, PA 19010		PERI	MIT NU	MBER	OU	TFALL NUMBE	R D	MR Effective	e To:	October 31, 2017 October 31, 2017				
	Media	Borough STP							Pe	ermit Expires	31					
	Upper	Providence Twp		MONITORING PERIOD					P	Permit Application Due		. May 4, 2017				
	Delawa	are County		YEAR	MO	DAY	YEA	R MO D/	AY [Check here i		charge				
WATERSHED	3-G	30 - E	FROM	2016	10	01	TO 201	6 10 3	11 N	OTE: Read	nstruction	s before comple	ting thi	s form		
ADDRESS 76 Br FACILITY M LOCATION UI De WATERSHED 3- PARAMETER Ammonia-Nitrogen Nov 1 - Apr 30 Total Phosphorus Total Copper			QUANTITY OR LOADING		NG	QU	ALITY OR COM	CENTRAT	ION	NO.	FREQUENCY					
PARAME	TER		VALUE	VAL	UE	UNITS	VALUE	VALUE	VALUE	UNITS		OF ANALYSIS	SA	MPLE TYPE		
		SAMPLE MEASUREMENT		xxx	x	_	XXXX		XXXX		0	2/week		24HC		
		PERMIT REQUIREMENT	90 Avg Mo	xxx	x	lbs/dav	XXXX	6.0 Avg Mo	XXXX	mg/L		2/week		24HC		
ADDRESS 762 V Bryn FACILITY Media LOCATION Uppe Delay WATERSHED 3-G PARAMETER Ammonia-Nitrogen Nov 1 - Apr 30 Total Phosphorus Total Copper		SAMPLE MEASUREMENT	XXXX				XXXX				0	2/month		24HC		
Total Phospho	rus	PERMIT REQUIREMENT	XXXX	xxx	x	xxxx	XXXX	Report Avg Mo	XXXX	mg/L		2/month		24HC		
		SAMPLE MEASUREMENT	XXXX	XXXX			XXXX	0.02	XXXX	XXXX		1/month		24HC		
Total Copper		PERMIT REQUIREMENT XXXX		XXXX		xxxx	XXXX	Report Ava Mo	XXXX	ma/L		1/month		24HC		
Total Copper		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
NAME/TITL	E PRINCIP		direction or supervision assure that qualified	on in accordance personnel gather	and evalual	stem designed to le the information	0.			TELE	EPHONE		DAT	E		
		ater Operations	submitted, Based on m the system or those information, the inform and belief, true, accur	persons directly ation submitted is	responsible to the best	for gathering the of my knowledge	Non	Im H	Millon	(610)	520-6384	2016	11	23		
			significant penables f possibility of fine and is C.S. § 4904 (relating to	or submitting fail	se informati mowing viola	on, including the	ARE/			AREA CODE	NUMBE	R YEAR	мо	DAY		
COMMENTS (R	eport all vic	plations on the "Non-Co	mpliance Repor	ting Form")												



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010 Media Borough STP Upper Providence Township Delaware County		PA0024121 PERMIT NUMBER				001 IARGE N	IUMBER	Reporting Frequency Permit Expires	Monthly October 31, 2017
LOCATION Upper Providence Township				MONITO	DRING F	Permit Application due	May 4, 2017			
	Delaware County	YEAR	MO	DAY		YEAR	MO	DAY	Check here if No Dis	charge
WATERSHED	_3G	16	11	01	то	16	11	30	NOTE: Read instruction	ns before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.			SAMPLE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	YPE	
Flow	SAMPLE MEASUREMENT	1.2302	1.5500		XXXXX	XXXXX	ххххх	ххххх	0	Continuous	N	leter	
	PERMIT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXXX	XXXXX	хххх		Continuous	Meter		
рH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.46	XXXXXX	7.05		0	30/Month	C	Grab	
	PERMIT	XXXXXX	XXXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	C	Fab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	6.78	XXXXX	XXXXX	NGA	0	30/Month	c	Grab	
	PERMIT	XXXXXX	XXXXX	xxxx	5.00	XXXXX	XXXXX	MG/L		Daily	G	Frab	
Total Residual Chlorine	SAMPLE MEASUREMENT	ххххх	XXXXX	XXXX	XXXXX	0.04	80.0	MG/L	0	30/Month	C	Grab	
	PERMIT	XXXXX	XXXXX	XXXX	XXXXX	0.30	1.00	NGAL		Daily	0		
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT			LB/DAY	XXXXX			MGAL	0	0/Month	2	4HC	
	PERMIT	225.00	375.00	LB/DAY	XXXXX	15.00	25.0 Weekly Average	MGAL		2/Week	2	4HC	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	48.34	57.41	LB/DAY	XXXXX	4.69	6.00	MG/L	0	8/Month	24H		
	PERMIT REQUIREMENT	375.00	600.00	LB/DAY	XXXXX	25.00	40.0 Weekty Average	MGA.		2/Week	2	4HC	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILLAR WITH TH	VALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	e		TELEPHONE	C	DATE			
Thomas A. Cicala Superintendant, Wastewater	Operations	THE INFORMATION. I		TED INFORMATIK	ON IS TRUE, SIGNIFICANT		sm H M			(610) 645-4215	2016	12	2
TYPED OR PR		OF FINE AND IMPRISO	MITTING FALSE INFOR DIMENT SEE 18 USC § DIES MAY INCLUDE FIN ETWEEN & MONTHS AN	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIP ER OR AUTHOP			AREA CODE NUMBER	YEAR	мо	DA

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

1



NAME Aqua Pennsylvania Wastewater, Inc.

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

ADDRESS	762 West Lancaster Avenue Brvn Mawr, Pennsylvania 19010 Media Borough STP				PA0024121 RMIT NUM		001 DISCHARGE NUMBER			Repo	7						
LOCATION	Upper Provider	ice Township		MONITORING PERIOD								Permit Expires October 31, 2017 Permit Application due May 4, 2017					
	Delaware Coun	tv		YEAR	MO	DAY		YEAR	MO	DAY] []Cł	Check here if No Discharge					
WATERSHED	3G	16	11	01	то	16	11		NOT	E: Read in	struction	is before complet	ting this form.				
Pa	arameter		QL	JANTITY	OR LOADI	NG		QUALIT	Y OR CO	NCENT	RATION		NO.	Frequency	SAMPLE		
			MONTH		WEEKLY VERAGE	UNITS		NST. NIMUM	MONTHLY		INST. MAXIMUM	UNIT	EX	OF Analysis	TYPE		
Total Suspe	ended Solids	SAMPLE MEASUREMENT	113.82	2	276.07	LB/DAY	x	xxxx	11.0	09	27.00	Mig/L	o	8/Month	24HC		
	PERMIT		450.00		675.00	LB/DAY	Y XXXXX 30.00 45.0		45.0 Weekly	45.0 Weekly Mark		2/Week	24HC				

Parameter	-	QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT		NO.			MPL		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	113.82	276.07	LB/DAY	XXXXX	11.09	27.00	NIG/L	0	8/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2.	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	10.00	100.00	COL/100ML	0	8/Month	G	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	COLHOUNL		2/Week	G	Grab	
Ammonia as N (05-01 to	MEASUREMENT	XXXXX	LB/DAY	XXXXXX		XXXXX	MG/L	0		2	4HC		
10-31)		30.00	XXXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	4HC	
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	7.31	XXXXX	LB/DAY	XXXXX	0.71	XXXXXX	MG/L	0	8/Month	2	4HC	
	PERMIT	90.00	XXXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MG/L		2/Week	2	24HC	
Total Copper	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXXX	NGAL	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXXX	Monitor/Report	XXXXX	MG/L		1/Month	2	24HC	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1 1									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		AM FAMILIAR WITH TH	VALTY OF LAW THAT I	0				TELEPHONE	D	DATE			
Thomas A. Cicala Superintendant Wastewater	Operations	THE INFORMATION. I	IDMIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATIC	ON IS TRUE. SIGNIFICANT	Environmental Annual Contraction of	mHM			(510) 645-4215	2016	12	23
uperIntendant, Wastewater Operations TYPED OR PRINTED	OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFORI INMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	DAY			

1



Inc.

Aqua Pennsylvania Wastewater,

NAME

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

ADDRESS	762 West Lancaster Avenue Brvn Mawr, Pennsylvania 19010		PA0024121 001										
FACILITY	Media Borough STP	PEI	RMIT NU	MBER		DISCH	HARGE N	UMBER	Reporting Frequency Permit Expires	Monthly October 31, 2017			
LOCATION Upper Providence Township			MONITO	ORING F	ERIOD	_		Permit Application due	May 4, 2017				
	Delaware County	YEAR	MO	DAY	-	YEAR	MO	DAY	Check here if No Dis	charge			
WATERSHEI	D_3G	16	12	01	то	16	12	31	NOTE: Read instruction	ns before completing this form.			

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. Frequency SAMPLE Parameter ÔF TYPE EX MONTHLY WEEKLY MONTHLY INST. INST. Analysis UNITS UNIT AVERAGE AVERAGE MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT Flow 1.2891 1.5330 XXXXX XXXXX XXXXX XXXX 0 Continuous Meter PERMIT REPORT MONTHLY REPORT DALLY MGD XXXXX XXXXX XXXXX XXXX Continuous Meter REQUIREMENT AVERAGE MUMIXAM SAMPLE XXXX pН XXXXX XXXXX XXXXX 31/Month Grab 6.20 7.26 0 MEASUREMENT PERMIT XXXXX XXXXX XXXX STD UNITS Daily Grab XXXXX 6.00 9.00 REQUIREMENT SAMPLE **Dissolved Oxygen** XXXXX XXXXX XXXX XXXXX XXXXX 31/Month 6.36 MGAL 0 Grab MEASUREMENT PERMIT XXXXX XXXXX XXXX Daily Grab 5.00 XXXXX XXXXX MG/L REQUIREMENT SAMPLE **Total Residual Chlorine** XXXXX XXXXX XXXX XXXXX 0.04 0.09 MG/L 0 31/Month Grab MEASUREMENT PERMIT XXXX XXXXX XXXXX XXXXX 1.00 MG/L Daily Grab 0.30 REQUIREMENT SAMPLE CBOD5 (05-01 to 10-31) LB/DAY XXXXX MGAL 0 0/Month 24HC MEASUREMENT PERMIT 25.0 Weekly LB/DAY 225.00 375.00 2/Week 24HC XXXXX MG/L 15.00 REQUIREMENT Average SAMPLE LB/DAY CBOD5 (11-01 to 04-30) XXXXX 5.23 24HC 56.92 69.37 6.00 MG/L 0 9/Month MEASUREMENT PERMIT 40.0 Weekly LB/DAY 375.00 600.00 XXXXX 25.00 MG/L 2/Week 24HC REQUIREMENT Average I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILLAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE. Kordom H Miller Thomas A. Cicala (610) 645-4215 2017 01 26 ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT Superintendant, Wastewater Operations PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY SIGNATURE OF PRINCIPAL EXECUTIVE FIREALES FOR SUBMIT INSTRUCTION FOR A CONSISTENT AND A CONSISTENT OF FIRE AND MARKSON MENT SEE 18 USC \$1001 AND 33 USC \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN & MONTH'S AND SY VEARS.) AREA CODE YEAR MO DAY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER

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

1



Inc.

LOCATION Upper Providence Township

Delaware County

Aqua Pennsylvania Wastewater,

NAME

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)

TO

16

12

ADDRESS	762 West Lancaster Avenue		[]
	Bryn Mawr, Pennsylvania 19010	PA0024121	001
FACILITY	Media Borough STP	PERMIT NUMBER	DISCHARGE NUMBER
LOCATION	Upper Providence Township	MONITORI	NG PERIOD

YEAR

16

MO

12

DAY

01

Reporting Frequency	Monthly
Permit Expires	October 31, 2017

P	ERIOD			Permit Application due
	YEAR	MO	DAY	Check here if No Disc

31

May 4, 2017

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	G	QUALIT		NO.			MPL	Ξ		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	158.34	215.23	LB/DAY	XXXXXX	14.60	20.00	MG/L	0	9/Month	2	4HC	
	PERMIT REQUIREMENT	450.00	675.00	LB/DAY	XXXXXX	30.00	45.0 Weekly Average	MG/L		2/Week	2	4HC	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXXX	XXXXXX	xxxx	XXXXXX	19.00	150.00	COL/100ML	0	9/Month	G	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		2/Week	G	irab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXXX	MG/L	0		2	4HC	
1-31)	PERMIT REQUIREMENT	30.00	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L		2/Week	2	24HC	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	5.44	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	9/Month	2	4HC	
04-30)	PERMIT REQUIREMENT	90.00	XXXXX	LB/DAY	XXXXX	6.00	XXXXXX	MG/L		2/Week	24HC		Ţ
Total Copper	SAMPLE MEASUREMENT	XXXXXX	XXXXX	XXXX	XXXXX	0.02	XXXXXX	MG/L	0	1/Month	2	4HC	
	PERMIT REQUIREMENT	XXXXXX	XXXXX	XXXX	XXXXX	Monitor/Report	XXXXXX	MGAL		1/Month	2	4HC	
	SAMPLE MEASUREMENT												
	PERMIT			1 1				1					
			NALTY OF LAW THAT II			0.1				TELEPHONE	D	ATE	
Thomas A. Cicala Superintendant, Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. II ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORM	Non		(610) 645-4215	2017	01	2				
	TYPED OR PRINTED		WITTING FALSE INFORM DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ÉTWEEN 6 MONTHS AN					AREA CODE NUMBER	YEAR	мо	DA		

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

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