### **EXHIBIT 02**

# DISCHARGE MONITORING REPORTS – WILLISTOWN TREATMENT FACILITY (2012 - 2016)



### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC	Ĭ	PA	005007	5			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUM	1BER	Monitoring Period:	01/01/2012 - 01/31/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010	n e	-		MONIT	ORING	PERIOD			Submit Date:	02/27/2012
TELEPHON	E 610-645-1197		YEAR 2012	MO 01	DAY 01		YEAR 2012	MO 01	DAY 31	Stage:	Final Effluent
COUNTY	Chester	FROM	2012	01	UI.	то	2012	UI	JI	☐ Check here if No Disch	narge

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	IANTITY OR CO	DNCENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPI	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7 Min			mg/L	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT		The state of the s		6.0			ligit.	1/day	Grab	
рН	SAMPLE MEASUREMENT				6.2 Min		7.8 Max	S.U.	1/day	Grab	
μπ	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	19.8 Avg Mo		lbs/day		15.8 Avg Mo		mg/L	1/week	24-Hr Composite	
Total Suspenied Solids	PERMIT MEASUREMENT	25		ibs/day		17		l "gr	1/week	24-Hr Composite	
Tetal Dhaanhar a	SAMPLE MEASUREMENT	.6 Avg Mo		lbs/day		.5 Avg Mo			1/week	24-Hr Composite	
Total Phosphorus	PERMIT MEASUREMENT	1.5		ibs/day		1.0		mg/L	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	.1425 Avg Mo	.1666 Daily Max	MGD					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGC		The second			Continuous	Metered	
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab	
iotal Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab	
Annuaria Nitrogon (Total Lond 15-1)	SAMPLE MEASUREMENT	1,3 Avg Mo		lho (day)		1.1 Avg Mo			1/week	24-Hr Composite	
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6	The soll	lbs/day		2.5		mg/L -	1/week	24-Hr Composito	



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TTTY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE	
FARAIVIETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Fecal Coliform	SAMPLE MEASUREMENT					246 Geo Mean	640 IMAX	CFU/100 ml -	1/week	Grab	
recai Collorni	PERMIT MEASUREMENT					200	1000	CFU/100 mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	12.6 Avg Mo		lba/day.		9.9 Avg Mo			1/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	18		lbs/day		12	R-56-8	mg/L -	1/week	24-Hr Composite	
Facility Comments			•								

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown Woods 0050075.pdf	Legacy Document	12/11/2015 10:53:07 PM	Supplementals and Excursion

### NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT	MONITORING PERIOD	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
	OTHER ID	BEGIN DATE	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
PA0050075	001	01/01/2012	01/31/2012	CONIDI	Fecal Coliform	3	Geometric Mean	246	200	CFU/100 ml	CFU/100 ml

### COMMENTS

COMMENT	OPERATOR	OPERATOR CERTIFICATION NUMBER OPERATOR CONTACT NUMBE
	NAME	
Excursion Fecal Coliform: Filter feed tank was cleaned and more intensive cleansing of UV System. Subsequesnit test results for the month well below average	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY

### PERMITTEE NAME/ADDRESS

# SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

### (include Facility Name/Location if different)

Primary Facility: Willistown Woods	F	A005007	'5			001		
Client: Little Washington Wastewater Company: Willistown Township		RMIT NUM	MBER		DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	ORING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	12	01	01	3375384	12	01	31	

**County: Chester** 

### **Fecal Coliform**

Explanations: Excersion for Monthly Average Fecal Coliform was realized for the month. The filter feed tank was cleaned and more attention paid to cleaning of the UV system. Subsequent test results for the month of February are well below average.

### PERMITTEE NAME/ADDRESS

SUPPLEMENT SHEET DATA FOR MONTHLY AVERAGES

(include Facility	Name/I ocatio	n if	different)
(IIICIUUC Facilit	r ranner Lucauu	,	uniterenty

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

Primary Facility: Willistown Woods	P	A005007	5		001			
Client: Little Washington Wastewater Company: Willistown Township	hip PERMIT NUMBER DI		DISCH	CHARGE NUMBER				
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD		/\	
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	12	01	01		12	01	31	

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

County: Chester	County:	Chester
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### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD	Ammonia (NH3) as Nitrogen	
1/4/2012 8:00:00 AM	15.0000	70.0000	0.5300	6.9000	0.1100	
1/11/2012 8:00:00 AM	16.0000	510.0000	0.5300	13.0000	1.3000	
1/18/2012 8:00:00 AM	20.0000	160,0000	0.5800	14.0000	0.8500	
1/25/2012 8:00:00 AM	12.0000	640.0000	0.4100	5.8000	2.3000	



### **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PAI	005007	5			001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUME	BER		OUTFA	LL NUN	/IBER	Monitoring Period:	02/01/2012 - 02/29/2012	
FACILITY	WILLISTOWN WOODS STP	â								Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD		_	Submit Date:	03/23/2012	
TELEPHON	E 610-645-1197	FROM	YEAR 2012	MO 02	DAY 01	то	YEAR 2012	MO 02	DAY 29	Stage:	Final Effluent	
COUNTY	Chester	THOM		_		, .0				☐ Check here if No Disc	harge	

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7 Min			mg/L	1/day	Grab
Dissulted Oxygen	PERMIT MEASUREMENT				6.0			, iigi	1/day	Grab
-11	SAMPLE MEASUREMENT				6.3 Min		8.4 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Supposed of Solida	SAMPLE MEASUREMENT	11.6 Avg Mo		lbs/day		9.8 Avg Mo		mg/L	1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		, ingr	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.5 Avg Mo		lbs/day		.4 Avg Mo		mg/L	1/week	24-Hr Composite
iotal Phosphorus	PERMIT MEASUREMENT	1.5	Waller of	ius/day		1.0		l "gr	1/week	24-Hr Composit
П	SAMPLE MEASUREMENT	.1332 Avg Mo	.161 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT		5	MGD					Continuous	Metered
Table Decited Others (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT		THE REPORT			.05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	1.3 Avg Mo		lh a felan s		1.1 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L -	1/week	24-Hr Composite



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					12 Geo Mean	310 IMAX	CFU/100 ml	1/week	Grab
recal Collom	PERMIT MEASUREMENT	9/6 = 05				200	1000	C-U/IOU mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	7.2 Avg Mo		lha/day.		6 Avg Mo		0	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		lbs/day		12	*	mg/L	1/week	24-Hr Composite
Facility Comments										

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown Woods 0050075.pdf	Legacy Document	12/11/2015 10:56:00 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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY



### DISCHARGE MONITORING REPORT (DMR)

### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUN	BER		OUTFA	L NUM	MBER	Monitoring Period:	03/01/2012 - 03/31/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date:	04/27/2012
TELEPHON	E 610-645-1197	FDOM	YEAR 2012	MO 03	DAY 01	то	YEAR 2012	MO 03	DAY 31	Stage:	Final Effluent
COUNTY	Chester	FROM			•	] 10		-	-	☐ Check here if No Dis	charge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIO	NO	FREQUENCYOF	SAMPLE TYP
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1 Min				1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0		THE TALL	mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		7.6 Max	s.u.	1/day	Grab
μп	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9 Avg Mo		lbs/day		9.6 Avg Mo		0	1/week	24-Hr Composit
iotai suspended solids	PERMIT MEASUREMENT	25		ibs/day		17		mg/L	1/week	24-Hr Composit
Total Dhaanhar is	SAMPLE MEASUREMENT	.3 Avg Mo		lha (do r		.4 Avg Mo			1/week	24-Hr Composit
Total Phosphorus	PERMIT MEASUREMENT	1.5		- Ibs/day		1.0		mg/L	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1178 Avg Mo	.1423 Daily Max	MGD					Continuous	Metered
FlOW	PERMIT MEASUREMENT			MGD		VP44			Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	ma/l	1/day	Grab
IOLA RESIDUAL CHORNE (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
America NEbrosco (Total Lond Bra)	SAMPLE MEASUREMENT	.7 Avg Mo		lho/day.		.8 Avg Mo		0	1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composit



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	5 IMAX	CFU/100 ml	1/week	Grab
recal collom	PERMIT MEASUREMENT		i religi			200	1000	G-G/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.5 Avg Mo		lha/da.		4.8 Avg Mo			1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		lbs/day		12		mg/L	1/week	24-Hr Composite
Facility Comments			*					×		

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown 0050075.pdf	Legacy Document	12/11/2015 8:28:10 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
3	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

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5			001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUI	MBER	Monitoring Period:	04/01/2012 - 04/30/2012	
FACILITY	WILLISTOWN WOODS STP	i								Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD	_		Submit Date:	05/24/2012	
TELEPHONE	E 610-645-1197	ĺ	YEAR	МО	DAY		YEAR	МО	DAY	Stage:	Final Effluent	
		FROM	2012	04	01	то	2012	04	30			
COUNTY	Chester									Check here if No Dis	charge	

QUANTITY OR LOADING QUANTITY OR CONCENTRATION **FREQUENCY OF PARAMETER** SAMPLE TYPE **ANALYSIS** VALUE VALUE UNITS **VALUE** VALUE **VALUE** UNITS SAMPLE 6.1 1/day Grab MEASUREMENT Min mg/L Dissolved Oxygen PERMIT 6.0 Grab 1/day MEASUREMENT SAMPLE 6.4 7.8 Grab 1/day MEASUREMENT Min Max S.U. pΗ PERMIT 6.0 9.0 1/day Grab MEASUREMENT 10.3 9.6 SAMPLE 24-Hr Composite 1/week MEASUREMENT Avg Mo Avg Mo Total Suspended Solids lbs/day mg/L PERMIT 17 24-Hr Composite 25 1/week MEASUREMENT SAMPLE .4 .4 1/week 24-Hr Composite MEASUREMENT Avg Mo Avg Mo lbs/day mg/L Total Phosphorus PERMIT 1.5 1.0 1/week 24-Hr Composite MEASUREMENT .1645 SAMPLE .1186 Continuous Metered MEASUREMENT Daily Max Avg Mo MGD Flow PERMIT Continuous Metered MEASUREMENT SAMPLE 0 0 1/day Grab MEASUREMENT Avg Mo **IMAX** mg/L Total Residual Chlorine (TRC) PERMIT .12 .05 1/day Grab MEASUREMENT SAMPLE .8 .8 1/week 24-Hr Composite **MEASUREMENT** Avg Mo Avg Mo Ammonia-Nitrogen (Total Load, lbs) lbs/day mg/L PERMIT 24-Hr Composite 3.6 25 1/week MEASUREMENT



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	ATION	<b>FREQUENCY OF</b>	SAMPLE TYPE
FARMMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Food Coliforn	SAMPLE MEASUREMENT					18 Geo Mean	25 IMAX	OF 1/400 I	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	CFU/100 ml	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.8 Avg Mo		lha (day)		4.6 Avg Mo			1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		lbs/day		12		mg/L	1/week	24-Hr Composite
Facility Comments		-1								

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT	
willistown woods.pdf	Legacy Document	12/11/2015 11:05:36 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	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 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

NAME	AQUA PENNSYLVANIA WASTEWATER INC	Ì	PA	005007	75			001		Report Frequency: Mo	nthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	IT NUM	BER		OUTFA	II NU	/BER	Monitoring Period: 05/0	01/2012 - 05/31/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date: 06/3	22/2012
TELEPHONE	E 610-645-1197		YEAR 2012	MO 05	DAY 01		YEAR 2012	MO 05	DAY 31	Stage: Fin	al Effluent
COUNTY	Chester	FROM	2012	US	U	то	2012	US	31	☐ Check here if No Discharge	
REGION	EP SE Rgnl Off Norristown										

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIO	N	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1 Min			mall	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT		7		6.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.1 Min		7.4 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	7.4 Avg Mo		lbs/day		6.8 Avg Mo		ma/l	1/week	24-Hr Composite
lotal suspended solids	PERMIT MEASUREMENT	25		i ibs/day		17	置性机	mg/L	1/week	24-Hr Composite
Total Dhannhau a	SAMPLE MEASUREMENT	.6 Avg Mo		lbs/day		.6 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		los/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1098 Avg Mo	.1529 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGU	- 1				Continuous	Metered
Total Books of Oblasina (TBO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT				THURS	.05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	.6 Avg Mo		n - / 1		.5 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day	Hange H	.9		mg/L	1/week	24-Hr Composite



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	NOIT	FREQUENCYOF	SAMPLE TYPE
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE
Foral Coliforn	SAMPLE MEASUREMENT					2 Geo Mean	11 IMAX	CFU/100 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	CFU/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	3.4 Avg Mo		lbs/day		3.1 Avg Mo		0	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12		lus/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments		70								

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown.pdf	Legacy Document	12/11/2015 11:43:39 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	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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY



### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402	Ī	PERMI	TNUM	BER		OUTFA	JL NUN	BER	Monitoring Period:	06/01/2012 - 06/30/2012
FACILITY WILLISTOWN WOODS STP					***************************************				-	Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010		MONITORING PERIOD			PERIOD			Submit Date:	07/26/2012	
TELEPHONE	E 610-645-1197			МО			YEAR	МО	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM	2012	06	01	то	2012	06	30	☐ Check here if No Disch	narge
REGION	EP SE Rgnl Off Norristown										

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	IANTITY OR CO	DICENTRATIO	N	FREQUENCY OF	SAMPLE TYPI
FAMINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPI
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1 Min			rna/l	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0	( C C C		mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		7.5 Max	S.U.	1/day	Grab
рн	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	6.2 Avg Mo		lbs/day		6.5 Avg Mo		mg/L -	1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		"g"	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.7 Avg Mo		lho(da)		.8 Avg Mo			1/week	24-Hr Composito
iotai Phosphorus	PERMIT MEASUREMENT	1.5	Y Harris	- Ibs/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1141 Avg Mo	.2317 Daily Max	MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT			IVIGO					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab
iotal residual Chorne (IRC)	PERMIT MEASUREMENT	NEW				.05	.12	mg/L -	1/day	Grab
A	SAMPLE MEASUREMENT	.5 Avg Mo		15 - 64		.5 Avg Mo			1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		- Ibs/day		.9		mg/L -	1/week	24-Hr Composite



### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCY OF ANALYSIS	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					7 Geo Mean	36 IMAX	CFU/100 ml	1/week	Grab
Fecal Collom	PERMIT MEASUREMENT					200	1000	C-dricomi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	3.7 Avg Mo				3.9 Avg Mo		mg/L	1/week	24-Hr Composite
(CBOD5)	· PERMIT MEASUREMENT	12		- Ibs/day	(A)	8.5	1.11.11.00		1/week	24-Hr Composite
Facility Comments			h							•

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN 0050075.PDF	Legacy Document	12/11/2015 11:48:35 PM	SUPPLEMENTALS

#### COMMENTS

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

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic		TEI	EPHONE		DATE	
GREENPORT USER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		"	LITIONE		UAIL	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2012	07	26
	ualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the					-	
_	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						



### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC

ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402

FACILITY WILLISTOWN WOODS STP

LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010

TELEPHONE 610-645-1197

COUNTY Chester

REGION EP SE Rgnl Off Norristown

000000000000000000000000000000000000000	
PERMIT NUMBER	

YEAR MO

07 01

2012

FROM

DAY

TO

001	
OUTFALL NUMBE	ER

MO

07

DAY

31

YEAR

2012

Report Frequency:
Monitoring Period:
0 1 1 10

Monthly

07/01/2012 - 07/31/2012

Submitted By:

Submit Date:

08/28/2012

Stage:

Final Effluent

☐ Check here if No Discharge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	IANTITY OR CO	NCENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT		March 1		6.0	CONTRACT.		ingt	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		7.5 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	13.9 Avg Mo		lbs/day		14,7 Avg Mo		mg/L	1/week	24-Hr Composite
Total Suspended Suites	PERMIT MEASUREMENT	25		illes/dialy		17		"gr	1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	FASHIREMENT Ava Ma		1/week	24-Hr Composite					
iotal Phosphorus	PERMIT MEASUREMENT	1.5	THE PLAN	lbs/day		1.0		mg/L	1/week	24-Hr Composite
C.	SAMPLE MEASUREMENT	.1118 Avg Mo	.1371 Daily Max	MOD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Denistral Ottorina (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L _	1/day	Grab
A	SAMPLE MEASUREMENT	.7 Avg Mo		11 20 / 12 22		.8 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day		.9		mg/L	1/week	24-Hr Composite



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	ATION	FREQUENCY OF	SAMPLE TYPE
PAVAMETER		VALUE	VALUE	UNITS VALUE VALUE UNITS		ANALYSIS	SAMPLE TIPE			
Fecal Coliform	SAMPLE MEASUREMENT					16 Geo Mean	1530 IMAX	CEL   / 100	1/week	Grab
recal collom	PERMIT MEASUREMENT				TVI (#1	200	1000	CFU/100 ml	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		4.7 Avg Mo		mg/L	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments								*		

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown 0050075.pdf	Legacy Document	12/11/2015 11:54:25 PM	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 CODER	UOM
		BEGIN DATE	END DATE								
PA0050075	001	07/01/2012	07/31/2012	CONDI	Total	3	Average Monthly	1.1	1	mg/L	mg/L
					Phosphorus						
PA0050075	001	07/01/2012	07/31/2012	CONDI	Fecal Coliform	3	Instantaneous Maximum	1530	1000	CFU/100 ml	CFU/100 ml

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
PLEASE SEE SUPPLEMENTAL UPLOAD ATTACHMENT FOR EXCURSION EXLPANATION/INFORMATION	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	monwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		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	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

### PERMITTEE NAME/ADDRESS

### SUPPLEMENT SHEET FOR

### (include Facility Name/Location if different)

EXCURSION	EXPLANATION
-----------	-------------

Primary Facility: Willistown Woods	PA0050075 001 PERMIT NUMBER DISCHARGE N				001			
Client: Little Washington Wastewater Company: Willistown Township					JMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	ERIOD			
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	12	07	01		12	07	31	

County: Chester

### Phosphorus as P

Explanations: We realized and excursion for monthly average Phosphorus at 1.1 Mg/L. The permot limit is 1.0 Adjustments were made to the chemical feed system and subsequent lab results were below the permit limit. We do not feel this to be an on going issue.

### **Fecal Coliform**

Explanations: We realized and excursion for Fecal Coliform Instantaneous Max. The result was 1530, the remaing lab results for the month were 5.0, 1.0, and 8.0. The monthly average permit limit was met at 16.

### PERMITTEE NAME/ADDRESS

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

### DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods	P	A005007	'5		001 DISCHARGE NUMBER			
Client: Little Washington Wastewater Company: Willistown Township	PEF	NUN TIME	<b>MBER</b>					
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township		07	01		12	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.

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD	Ammonia (NH3) as Nitrogen	
7/3/2012 7:30:00 AM	1.6000	5.0000	0.9200	2.9000	0.3900	3
7/11/2012 8:00:00 AM	17.0000	1.0000	1.2000	3.1000	0.2600	
7/18/2012 7:15:00 AM	15.0000	1530.0000	1.2000	8.9000	0.3800	
7/25/2012 8:00:00 AM	25.0000	8.0000	0.9500	3.8000	2.1000	



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

AQUA PENNSYLVANIA WASTEWATER INC Monthly NAME Report Frequency: PA0050075 001 **ADDRESS** 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402 Monitoring Period: 08/01/2012 - 08/31/2012 PERMIT NUMBER OUTFALL NUMBER FACILITY WILLISTOWN WOODS STP Submitted By: MONITORING PERIOD LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010 Submit Date: 09/21/2012 YEAR MO MO DAY DAY YEAR TELEPHONE 610-645-1197 Stage: Final Effluent 08 2012 80 01 2012 31 FROM TO COUNTY Chester ☐ Check here if No Discharge

PARAMETER		QUAN	VTITY OR LOAD	DING	QL	JANTITY OR CO	DNCENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6 Min			mg/L -	1/day	Grab
Dissulved Oxygen	PERMIT MEASUREMENT				6.0			l ligit	1/day	Grab
al I	SAMPLE MEASUREMENT				6.1 Min		6.8 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.9 Avg Mo		lbs/day		11 Avg Mo mg/L		1/week	24-Hr Composite	
lotal suspended solids	PERMIT MEASUREMENT	25		lbs/day		17		l "gr	1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.7 Avg Mo		lbs/day		.7 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1,5		los/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1127 Avg Mo	.1556 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Desidual Chlorina (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	1.3 Avg Mo		lh = fat		1.2 Avg Mo		т.	1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		- Ibs/day		.9		mg/L	1/week	24-Hr Composite



### 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	OAWI LE TIT L	
Fecal Coliform	SAMPLE MEASUREMENT					5 Geo Mean	26 IMAX	CFU/100 ml	1/week	Grab	
recal Collom	PERMIT MEASUREMENT					200	1000	C-Gricomi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2.9 Avg Mo		lho/day.	3 Avg Mo		mall	1/week	24-Hr Composite		
(CBOD5)	PERMIT MEASUREMENT	12	4	lbs/day		8.5		mg/L	1/week	24-Hr Composite	
Facility Comments			77								

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/11/2015 11:57:12 PM	SUPPLEMENTALS

### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	08/01/2012	08/31/2012	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	1.2	0.90	mg/L	mg/L
					lbs)						

#### COMMENTS

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

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic		TEI	EPHONE		DATE	
GREENPORT USER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		11.1	LITIONE		DAIL	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2012	09	21
	qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the						
1	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	SUBMITTED BY FULL NAME	CODE	NUMBER	YEAR	MO	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		JOBE				

### **PERMITTEE NAME/ADDRESS**

(include Facility Name/Location if different)

# SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

Primary Facility: Willistown Woods	P	A005007	'5		001			
Client: Little Washington Wastewater Company: Willistown Township	PER	RMIT NUN	MBER		DISCH	IARGE N	UMBER	
Address: Route 3 Near Willistown Westtown Township Line			MONITO	ORING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	МО	DAY	
Municipality: Willistown Township	12	08	01		12	08	31	

County: Chester

### Ammonia as N (05-01 to 10-31)

Explanations: We realized and excursion for Ammonia for the month of August with an average of 1.2 mgl with a limit of 0.9. We had a lab result for the sample of 8/22 of 4.0 mgl. Adjustments were made to the dissolved oxygen levels and mixed liquor concentrations. Lab results for the month of September as of this date have been .13mgl and .22mgl. We do not feel this to be an ongoing issue at this facility.

### PERMITTEE NAME/ADDRESS

SUPPLEMENT SHEET

(include Facility Name/Location if different)

DATA	FOR	MONTH! Y	<b>AVERAGES</b>
מות	1 011	MICHALLIE	VALINGEO

Primary Facility: Willistown Woods	P	A005007	5		001			
Client: Little Washington Wastewater Company: Willistown Township	PER	NUN TIME	MBER		DISCH	IARGE N	UMBER	
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	12	08	01		12	08	31	

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

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD	Ammonia (NH3) as Nitrogen	
8/1/2012 8:15:00 AM	14.0000	1.0000	0.7200	2.0000	0.1000	
8/8/2012 8:00:00 AM	17.0000	4.0000	1.0000	2.9000	0.1500	
8/15/2012 7:30:00 AM	15.0000	0.0000	1.6000	3.2000	0.2200	
8/22/2012 8:15:00 AM	2.0000	7.0000	1.1000	3.5000	4.0000	
8/29/2012 8:15:00 AM	6.8000	26.0000	0.3900	3.2000	1.6000	
8/30/2012 8:30:00 AM			0.1600			
8/31/2012 7:30:00 AM			0.2500			



### DISCHARGE MONITORING REPORT (DMR)

### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	.005007	75			001		Report Frequency: Mon	thly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	IT NUM	BER		OUTFA	LL NUN	/BER	Monitoring Period: 09/0	1/2012 - 09/30/2012
FACILITY	WILLISTOWN WOODS STP					•				Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010			_	MONIT	ORING	PERIOD		r	Submit Date: 10/26	6/2012
TELEPHON	E 610-645-1197		YEAR	МО	DAY		YEAR	МО	DAY	Stage: Fina	I Effluent
COUNTY	Chester	FROM	2012	09	01	то	2012	09	30	☐ Check here if No Discharge	00 (10 m of 10

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE	
FARMINETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.3 Min			mg/L	1/day	Grab	
Dissured Oxygen	PERMIT MEASUREMENT	6.2			6.0			l "gr	1/day	Grab	
рН	SAMPLE MEASUREMENT				6.4 Min		7 Max	S.U.	1/day	Grab	
р⊓	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	8.1 Avg Mo		lbs/day		7.7 Avg Mo		0	1/week	24-Hr Composite	
total suspended sollds	PERMIT MEASUREMENT	25		ibs/day		17	NOTE:	mg/L	1/week	24-Hr Composite	
Total Dhasabasa	SAMPLE MEASUREMENT	.3 Avg Mo		lbs/day		.3 Avg Mo			1/week	24-Hr Composite	
Total Phosphorus	PERMIT MEASUREMENT	1.5		IDS/GENY		1.0		mg/L	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	.1216 Avg Mo	.1817 Daily Max	MOD					Continuous	Metered	
FIOW	PERMIT MEASUREMENT			MGD					Continuous	Metered	
Total Desirt of Otlering (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab	
Accessio Newson (Total Load Way)	SAMPLE MEASUREMENT	.3 Avg Mo		Dr. (de.		.3 Avg Mo		1.41	1/week	24-Hr Composite	
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day		.9		mg/L	1/week	24-Hr Composite	



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			C	QUANTITYOR	CONCENTRA	NON	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	/ALUE VALUE UNITS VALUE VALUE VALUE UNITS		UNITS	ANALYSIS	SAIVIPLE TIPE			
Fecal Coliform	SAMPLE MEASUREMENT					7 Geo Mean	65 IMAX	CFU/100 ml	1/week	Grab
recar Collorn	PERMIT MEASUREMENT					200	1000	CFU/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2.5 Avg Mo		lbs/day		2.4 Avg Mo			1/week	24-Hr Composite
(C8OD5)	PERMIT MEASUREMENT	12		lbs/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments		9								

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown.pdf	Legacy Document	12/12/2015 12:05:54 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	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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY



### **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUN	BER .	Monitoring Period:	10/01/2012 - 10/31/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date:	11/26/2012
TELEPHONI	E 610-645-1197		YEAR	МО	DAY		YEAR	МО	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM	2012	10	01	то	2012	10	31	☐ Check here if No Disc	harge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	IANTITY OR CO	ONCENTRATIO	N	FREQUENCY OF	CAMPLETON
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8 Min	- 1	ma/l	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.6 Min		7.1 Max	S.U.	1/day	Grab
μπ	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.1 Avg Mo		lbs/day		9.3 Avg Mo		mg/L -	1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	25		ilbs/day		17		ng/L	1/week	24-Hr Composite
Total Dheamhar is	SAMPLE MEASUREMENT	.4 Avg Mo		lbs/day		.4 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		llus/day	ALL P	1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1298 Avg Mo	.2481 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MIGL					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
TOTAL MEDICAL CHILDING (TICC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Aromonia Nitrogon (Total Load II-s)	SAMPLE MEASUREMENT	.7 Avg Mo		- lbs/day		.7 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	1.3		ius/daty		.9		mg/L -	1/week	24-Hr Composite



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY OF				FREQUENCY OF	SAMPLE TYPE		
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE
Food Coliforn	SAMPLE MEASUREMENT					4 Geo Mean	46 IMAX	CFU/100 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	C-C/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4 Avg Mo		lbe/de/	J. J	4 Avg Mo		0	1/week	24-Hr Composite
(CBOD5)	PERMIT · MEASUREMENT	12		lbs/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments			•		***			,		,

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 12:10:34 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 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

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUN	1BER	Monitoring Period:	11/01/2012 - 11/30/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONITI	ORING	PERIOD			Submit Date:	12/28/2012
TELEPHON	E 610-645-1197		YEAR	MO	DAY		YEAR	MO 11	DAY 30	Stage:	Final Effluent
COUNTY	Chester	FROM	2012	11	01	то	2012	111	30	☐ Check here if No Disch	narge
REGION	EP SE Rgnl Off Norristown										

DADAMETER		QUAI	NTITY OR LOAD	DING	QU	ANTITY OR CO	ONCENTRATIC	N	FREQUENCYOF	SAMPLE TYPI
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP
Dissolved Oxygen	SAMPLE MEASUREMENT				8.1 Min			matt	1/day	Grab
bissoved Oxygen	PERMIT MEASUREMENT		E SAL		6.0			mg/L	1/day	Grab
-14	SAMPLE MEASUREMENT				6.4 Min		7 Max	S,U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	7.8 Avg Mo		lbs/day		6.8 Avg Mo		mg/L	1/week	24-Hr Composit
Total Suspended Sulfus	PERMIT MEASUREMENT	25	mu #//	ibs/day		17	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mg/L	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.7 Avg Mo		lbs/day		.6 Avg Mo		mg/L -	1/week	24-Hr Composit
lotal Priosphorts	PERMIT MEASUREMENT	1.5		lus/day		1.0		l ligit	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1401 Avg Mo	.1757 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Desidual Chlorina (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Assessin Nitrogen (Total Load %-)	SAMPLE MEASUREMENT	.6 Avg Mo		lho/da		.5 Avg Mo			1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composit



### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	QUANTITY OR LOADING QUANTITY OR CONCENTRATION FREQUENCY OF				FREQUENCYOF	SAMPLE TYPE		
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Ecoal Coliforn	SAMPLE MEASUREMENT					7 Geo Mean	29 IMAX	CEI   400 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	CFU/100 ml	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	3.1 Avg Mo		15-7		2.6 Avg Mo		0	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		lbs/day	# Sor	12		mg/L	1/week	24-Hr Composite
Facility Comments						-				

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN.PDF	Legacy Document	12/12/2015 12:17:53 AM	supplementals

### COMMENTS

			A PLANTAGE AND A PLAN
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	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 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

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75	1		001		Report Frequency: Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	IT NUN	BER		OUTFA	LL NUI	/BER	Monitoring Period: 12/01/2012 - 12/31/2012
FACILITY	WILLISTOWN WOODS STP									Submitted By:
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD	T		Submit Date: 01/28/2013
TELEPHONE	E 610-645-1197		YEAR	MO	DAY		YEAR	MO	DAY	Stage: Final Effluent
COUNTY	Chester	FROM	2012	12	01	ТО	2012	12	31	Check here if No Discharge
REGION	EP SE RgnI Off Norristown									

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	CAMPLETA
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				8 Min			matt.	1/day	Grab
Dissulted Oxygen	PERMIT MEASUREMENT				6.0			mg/L -	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		7 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	5.1 Avg Mo		lbs/day		4.1 Avg Mo		//	1/week	24-Hr Composite
lotal suspended sollus	PERMIT MEASUREMENT	25	2 - 7 - 6 -	ibs/day	Te America	17		mg/L	1/week	24-Hr Composito
Total Phosphorus	SAMPLE MEASUREMENT	.5 Avg Mo		lbs/day		.4 Avg Mo			1/week	24-Hr Composite
iotai Phosphorus	PERMIT MEASUREMENT	1.5		los/day		1.0		mg/L	1/week	24-Hr Composito
Flow	SAMPLE MEASUREMENT	.1486 Avg Mo	.1796 Daily Max	MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT			MGD		a la fina di			Continuous	Metered
Total Desirt of Otlering (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	0	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
America NEW Control Lond (No.)	SAMPLE MEASURÉMENT	1.7 Avg Mo		lba/da.	d.	1.4 Avg Mo		,	1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5	Tente I	mg/L	1/week	24-Hr Composite



### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					21 Geo Mean	181 IMAX	CFU/100 ml	1/week	Grab
recal collom	PERMIT MEASUREMENT					200	1000	Cru/IOUmi -	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2.5 Avg Mo		- Ibs/day		2 Avg Mo		/I	1/week	24-Hr Composite
(CBOD5)	PERMIT # MEASUREMENT	18		ius/day		12		mg/L -	1/week	24-Hr Composite
Facility Comments										

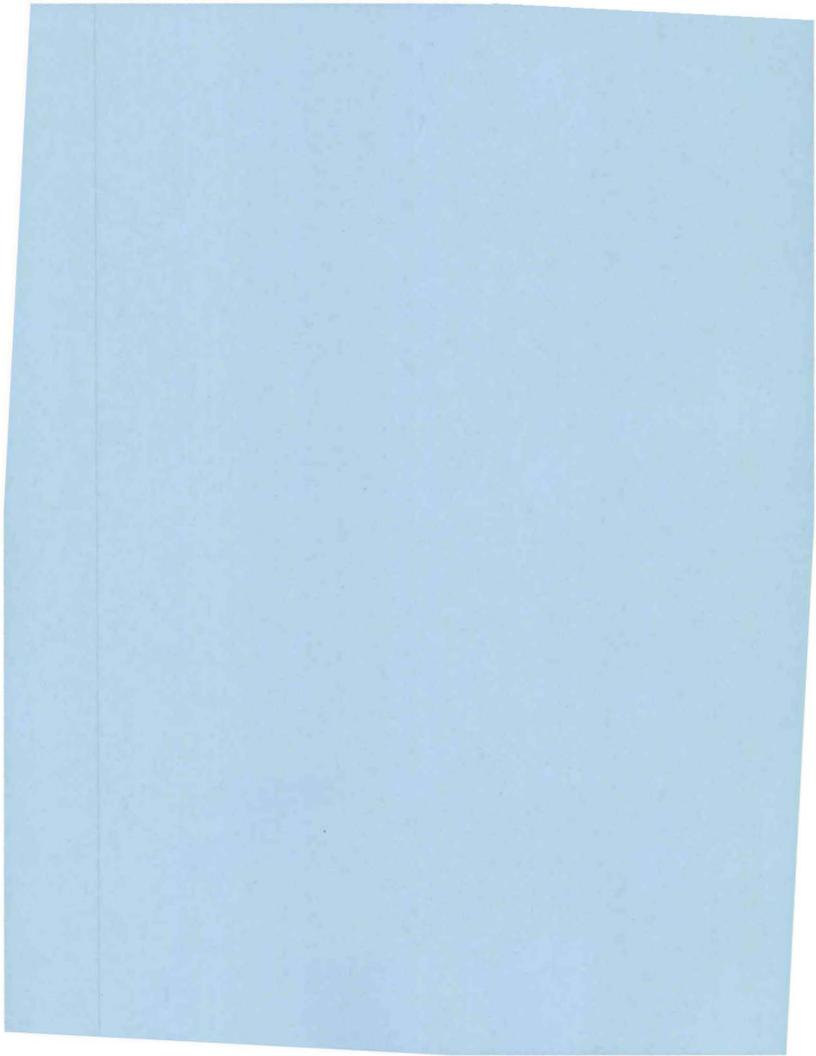
#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT	
Willistown Woods.pdf	Legacy Document	12/12/2015 1:26:40 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	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 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

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUN	MBER		OUTFA	JL NU	MBER	Monitoring Period:	01/01/2013 - 01/31/2013
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010	5			MONIT	ORING	PERIOD	1		Submit Date:	02/28/2013
TELEPHONI	E 610-645-1197		YEAR	МО			YEAR	МО	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM	2013	01	01	то	2013	01	31	☐ Check here if No Disch	narge
REGION	EP SE Rgnl Off Norristown										

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIC	N	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.6 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			ligi	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		7.2 Max	S.U.	1/day	Grab
μπ	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	11.1 Avg Mo		- Ibs/day		9.8 Avg Mo		mg/L	1/week	24-Hr Composite
lotal suspended sollos	PERMIT MEASUREMENT	25	WE THE	ibs/day		17		l ligit	1/week	24-Hr Composite
Total Dhanahar a	SAMPLE MEASUREMENT	.7 Avg Mo		lbs/day		.6 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		los/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1542 Avg Mo	.2034 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT		10-5 HG 10	MGD					Continuous	Metered
Total Desidual Oblesias (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	1 Avg Mo		0-11		.9 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composite



### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	ATION	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Ford Coliforn	SAMPLE MEASUREMENT					36 Geo Mean	420 IMAX	CFU/100 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	Cru/IWIM	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.7 Avg Mo		lbs/day		4 Avg Mo		mg/L -	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		10s/day		12	ALTE	mg/L	1/week	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

	FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT	
T	WILLISTOWN WOODS.PDF	Legacy Document	12/12/2015 1:29:53 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	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 CODE	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						



### **DISCHARGE MONITORING REPORT (DMR)**

### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC	i	PA0050075			]	001			Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUK	1BER	Monitoring Period:	02/01/2013 - 02/28/2013
FACILITY	WILLISTOWN WOODS STP					-				Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010			_	MONIT	ORING	PERIOD			Submit Date:	03/22/2013
TELEPHON	E 610-645-1197	6000000	YEAR 2013	MO 02	DAY		YEAR 2013	MO 02	DAY 28	Stage:	Final Effluent
COUNTY	Chester	FROM	2013	UZ	UI	ТО	2013	02	26	☐ Check here if No Disc	narge

PARAMETER		QUAN	NTITY OR LOAD	DING	QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE LIFE	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4 Min			mg/L -	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			ligi	1/day	Grab	
all	SAMPLE MEASUREMENT				6.5 Min		7.6 Max	S.U.	1/day	Grab	
рН	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	15.6 Avg Mo		- Ibs/day		14 Avg Mo		mg/L -	1/week	24-Hr Composit	
Total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		] "'g'L [	1/week	24-Hr Composit	
Total Dhambara	SAMPLE MEASUREMENT	1.9 Avg Mo		lbs/day		1.8 Avg Mo		mg/L -	1/week	24-Hr Composit	
Total Phosphorus	PERMIT MEASUREMENT	1.5		ibs/day		1.0		] mg/L	1/week	24-Hr Composit	
Flow	SAMPLE MEASUREMENT	.1424 Avg Mo	.169 Daily Max	MGD					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD	Court III				Continuous	Metered	
Total Desidual Chlorina (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	matt.	1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab	
A	SAMPLE MEASUREMENT	.4 Avg Mo		lba (day)		.4 Avg Mo			1/week	24-Hr Composit	
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composite	



### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING QUANTITY OR CONCENTR				NOIT	FREQUENCYOF	SAMPLE TYPE	
FARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE	
Fecal Coliform	SAMPLE MEASUREMENT					120 Geo Mean	1990 IMAX	CFU/100 ml	1/week	Grab	
	PERMIT MEASUREMENT		100			200	1000	C-C/100 mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	6.5 Avg Mo				5.8 Avg Mo			1/week	24-Hr Composite	
	PERMIT MEASUREMENT	18		lbs/day		12		mg/L	1/week	24-Hr Composite	
Facility Comments		*		N -			74				

### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN.PDF	Legacy Document	12/12/2015 1:33:53 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 CODER	UOM
		BEGIN DATE	END DATE								
PA0050075	001	02/01/2013	02/28/2013	CONDI	Total	3	Average Monthly	1,9	1,50	lbs/day	lbs/day
					Phosphorus						
PA0050075	001	02/01/2013	02/28/2013	CONDI	Total	3	Average Monthly	1,8	1	mg/L	mg/L
					Phosphorus						
PA0050075	001	02/01/2013	02/28/2013	CONDI	Fecal Coliform	3	Instantaneous Maximum	1990	1000	CFU/100 ml	CFU/100 ml

### 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	03	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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

#### (include Facility Name/Location if different)

Primary Facility: Willistown Woods	P	A005007	5		001				
Client: Little Washington Wastewater Company: Willistown Township	PER	NUN TIME	ABER		DISCHARGE NUMBE				
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING P	PERIOD				
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY		
Municipality: Willistown Township	13	02	01		13	02	28		

County: Chester

#### Phosphorus as P

Explanations: We realized excursions for the month for Total Phosphorous monthly loading, concentration and Instantaneous Max resulting from the 2/13/13 sample result of 4.5 mg/l and the 2/17/13 sample result of 1.2 mg/l. We have made process adjustments and subsequent sample results for the first half of March have been within limits.

#### **Fecal Coliform**

Explanations: We realized excursions for fecal coliform in February due to a failure of the UV disinfection system. The system has been repaired and we do not foresee additional excursions.

Municipality: Willistown Township

### SUPPLEMENT SHEET DATA FOR MONTHLY AVERAGES

(include Facility Name/Location if different)		D/	ATA FOR N	MONTHLY	Y AVERAGE	ES	
Primary Facility: Willistown Woods	P	A005007	5			001	
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER			DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	МО	DAY

13

02

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

County: Chester

#### LABORATORY DATA

01

13

02

28

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD	Ammonia (NH3) as Nitrogen	
2/6/2013 7:30:00 AM	19.0000	280.0000	0.7600	8.7000	0.6800	
2/13/2013 8:00:00 AM	29.0000	1230.0000	4.5000	8.4000	0.2000	
2/20/2013 7:45:00 AM	4.0000	1990.0000	0.8000	2.9000	0.3400	
2/25/2013 11:15:00 AM		1.0000		- 17	Faces of Government	
2/26/2013 8:30:00 AM	3	280.0000				
2/27/2013 7:00:00 AM	4.0000	44.0000	1.2000	3.2000	0.2600	
2/28/2013 8:00:00 AM		43.0000				



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC Monthly NAME Report Frequency: PA0050075 001 **ADDRESS** 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402 Monitoring Period: 03/01/2013 - 03/31/2013 OUTFALL NUMBER PERMIT NUMBER FACILITY WILLISTOWN WOODS STP Submitted By: MONITORING PERIOD LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010 Submit Date: 04/26/2013 YEAR MO MQ DAY YEAR DAY TELEPHONE 610-645-1197 Stage: Final Effluent 03 03 2013 01 2013 31 FROM TO COUNTY Chester ☐ Check here if No Discharge REGION EP SE Rgnl Off Norristown

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	DNCENTRATIC	N	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE IYPI
Dissolved Oxygen	SAMPLE MEASUREMENT				7.4 Min			mg/L -	1/day	Grab
Dissulved Oxygen	PERMIT MEASUREMENT				6.0			l "gr	1/day	Grab
рН	SAMPLE MEASUREMENT				6.3 Min		6.9 Max	S.U.	1/day	Grab
μπ	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	8.4 Avg Mo		lbs/day		9 Avg Mo		mg/L	1/week	24-Hr Composite
iolai suspeniteu soilos	PERMIT MEASUREMENT	25		ilis/day		17		liigit.	1/week	24-Hr Composite
Total Dhasahara	SAMPLE MEASUREMENT	.8 Avg Mo		lha/da.		.8 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		- Ibs/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1342 Avg Mo	.1909 Daily Max	MGD					Continuous	Metered
PIOW	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Accessio NEterono (Total Lond No.)	SAMPLE MEASURÉMENT	.9 Avg Mo		lh a februari		.8 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composite



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	NOIT	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPE
Fecal Coliform	SAMPLE MEASUREMENT					38 Geo Mean	350 IMAX	CFU/100 ml	1/week	Grab
recar colloin	PERMIT MEASUREMENT				與實質	200	1000	CFU/IOU MI	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	3.8 Avg Mo		lbs/day		4 Avg Mo			1/week	24-Hr Composite
(C8OD5)	PERMIT MEASUREMENT	18		i i i i i i i i i i i i i i i i i i i		12		mg/L	1/week	24-Hr Composite
Facility Comments					9=======					St. 1

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 1:40:13 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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	IT NO	1BER	Monitoring Period:	04/01/2013 - 04/30/2013
FACILITY	WILLISTOWN WOODS STP	4								Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date:	05/24/2013
TELEPHONI	E 610-645-1197		YEAR	МО			YEAR	МО	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM	2013	04	01	то	2013	04	30	☐ Check here if No Disch	arge
REGION	EP SE Rgnl Off Norristown										

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	JANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	SAMPLE TYPI
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITE
Dissolved Oxygen	SAMPLE MEASUREMENT				6 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6,0			lligt.	1/day	Grab
рН	SAMPLE MEASUREMENT				6.1 Min		8.4 Max	S.U.	1/day	Grab
pπ	PERMIT MEASUREMENT				6.0		9.0	3,0,	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	11 Avg Mo		lbs/day		10 Avg Mo		mg/L -	1/week	24-Hr Composit
lotal suspended solids	PERMIT MEASUREMENT	25		ibs/day		17		ling/L	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.9 Avg Mo		lbs/day		.8 Avg Mo		mg/L -	1/week	24-Hr Composit
iotai Filospitorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		l light	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1276 Avg Mo	.1584 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MIGD					Continuous	Metered
Total Desirt of Otlering (IDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mg/L	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	llig/L	1/day	Grab
Annualis hittorian (Total Load Iba)	SAMPLE MEASUREMENT	1.6 Avg Mo		- Ibs/day		1.5 Avg Mo		ma/l	1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	3.6		ilis/day		2.5		mg/L	1/week	24-Hr Composit



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE	
Fecal Coliform	SAMPLE MEASUREMENT					17 Geo Mean	115 IMAX	CFU/100 ml	1/week	Grab	
recal collom	PERMIT MEASUREMENT					200	1000	C-Uricomi -	1/week	Grab	
Carbonaceous Biochemical Oxygen Dernand	SAMPLE MEASUREMENT	3,3 Avg Mo		The Idea		3.1 Avg Mo			1/week	24-Hr Composite	
(CBOD5)	PERMIT . MEASUREMENT	18		- Ibs/day	1000	12		mg/L	1/week	24-Hr Composite	
Facility Comments			11								

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN PDF	Legacy Document	12/12/2015 1:44:43 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 CODE	NUMBER	YEAR	мо	DAY	
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		JUDE					



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75	]		001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	IT NUN	1BER		OUTFA	LL NUN	/BER	Monitoring Period:	05/01/2013 - 05/31/2013	
FACILITY	WILLISTOWN WOODS STP									Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD	_		Submit Date:	06/21/2013	
TELEPHON	E 610-645-1197		YEAR	МО	DAY		YEAR	МО	DAY	Stage:	Final Effluent	
COUNTY	Chester	FROM	2013	05	01	то	2013	05	31	☐ Check here if No Disc	harge	

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	ANTITY OR CO	DICENTRATIC	N	FREQUENCYOF	SAMPLE TYPI
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4 Min			mg/L	1/day	Grab
Dissured Oxygen	PERMIT MEASUREMENT				6.0			"g"	1/day	Grab
au.	SAMPLE MEASUREMENT				6.2 Min		7 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	6.2 Avg Mo		lbs/day		6.6 Avg Mo		mg/L -	1/week	24-Hr Composite
total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		l ligit	1/week	24-Hr Composito
Total Phosphorus	SAMPLE MEASUREMENT	.7 Avg Mo		lbs/day		.7 Avg Mo			1/week	24-Hr Composit
Iotal Phosphorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1256 Avg Mo	.163 Daily Max	MGD					Continuous	Metered
FIOW	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Danish of Otlanina (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Anomania Nitrogram (Total Load No.)	SAMPLE MEASUREMENT	1 Avg Mo		lho/day		1.1 Avg Mo		ma/l	1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		- Ibs/day		.9		mg/L	1/week	24-Hr Composite



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	TION	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		SAMPLE TIFE
Food Collins	SAMPLE MEASUREMENT					6 Geo Mean	55 IMAX	CFU/100 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	CFG/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	1.9 Avg Mo		lho/do		2.1 Avg Mo		0	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12		- Ibs/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments				77						

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 1:47:11 AM	supplementals

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE		LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	05/01/2013	05/31/2013	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	1.1	0.90	mg/L	mg/L
					lbs)						

COMMENTS

• • • • • • • • • • • • • • • • • • • •	177		
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			
	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 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

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5	1 1		001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	IT NUM	BER		OUTFA	LL NU	MBER	Monitoring Period:	06/01/2013 - 06/30/2013
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date:	07/29/2013
TELEPHONE	E 610-645-1197		YEAR	MO	DAY		YEAR	MO	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM [	2013	06	01	TO	2013	06	30	Check here if No Dis	charge
REGION	EP SE Rgnl Off Norristown										

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIC	N	FREQUENCYOF	SAMPLE TYPI
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITPI
Dissolved Oxygen	SAMPLE MEASUREMENT				9.4 Min			ma/l	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.2 Min		6.8 Max	s.u.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.1 Avg Mo		lbs/day		8.9 Avg Mo			1/week	24-Hr Composite
iotal Stape ded Solita	PERMIT MEASUREMENT	25		ilbs/day		17		mg/L	1/week	24-Hr Composite
Total Phanakas u	SAMPLE MEASUREMENT	.3 Avg Mo		lbs/day		.29 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L	1/week	24-Hr Composito
Flow	SAMPLE MEASUREMENT	.1333 Avg Mo	.1999 Daily Max	MCD					Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD	The state of				Continuous	Metered
Total Desidual Chlorina (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Annualis NEAnnual (Total Load Ha)	SAMPLE MEASUREMENT	1.68 Avg Mo		lha (dass		1,7 Avg Mo			1/week	24-Hr Composito
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day		.9		mg/L	1/week	24-Hr Composite



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	C	UANTITY OR	FREQUENCYOF	SAMPLE TYPE		
FAMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Food Coliforn	SAMPLE MEASUREMENT					35.8 Geo Mean	107 IMAX	CFU/100 ml	1/week	Grab
Fecal Coliform	PERMIT MEASUREMENT					200	1000	C-U/IO/III	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2,3 Avg Mo		lho/do.		2.2 Avg Mo		/1	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12		lbs/day		8.5		mg/L.	1/week	24-Hr Composite
Facility Comments					A1					

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown Woods.pdf	Legacy Document	12/12/2015 1:56:22 AM	supplementals

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	06/01/2013	06/30/2013	CONIDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	1.68	1.30	lbs/day	lbs/day
					lbs)						
PA0050075	001	06/01/2013	06/30/2013	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	1.7	0.90	mg/L	mg/L
					lbs)						

	COMMENTS			
	COMMENT	OPERATOR	OPERATOR	OPERATOR
- 1		NAME	CERTIFICATION	CONTACT
ı			NUMBER	NUMBER
1	Excursion for nitrogen Ammonia. Issues related to clogging of equalization pumps on numerous occasions and "slug" the process versus a constant forward flow as was designed. The equalization tank has been cleaned	Sandra Super		610-645-1197
- 1	and the equalization pumps have run as designed feeding a constant flow and not "overloading" the process. We do not feel this to be an issue going forward, SUPPLEMENTAL SHEETS: OUR SOFTWARE			

EXPERIENCING GLITCH ON THIS PERMIT - CALCULATED MANUALLY

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	07	29
	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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

	<b>Total Suspended</b>	Fecal	Phosphorus as		Ammonia (NH3) as
Sample Date	Solids	Coliform	Р	CBOD5	Nitrogen
6/26/13 6:45 AM	8.4	10	0.26	2	1.1
6/19/13 8:00 AM	7.2	26	0.17	2	0.28
6/12/13 8:00 AM	8	107	0.27	- 2	4
6/5/13 8:30 AM	12	59	0.47	2.9	1.4



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC	0	PA	005007	5			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402	2	PERMI	TNUM	BER		OUTFA	LL NUN	BER .	Monitoring Period:	07/01/2013 - 07/31/2013
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD			Submit Date:	08/27/2013
TELEPHON	E 610-645-1197		YEAR 2013	MO 07	DAY 01		YEAR 2013	MO 07	DAY 31	Stage:	Final Effluent
COUNTY	Chester	FROM	2013	01	VI	то	2013	J/	31	☐ Check here if No Discha	arge

DADAMETED		QUAI	NTITY OR LOAD	DING	QL	ANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYP	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2 Min			mg/L -	1/day	Grab	
Dissured Oxygen	PERMIT MEASUREMENT				6.0			ligi	1/day	Grab	
рН	SAMPLE MEASUREMENT				6 Min		7.1 Max	S.U.	1/day	Grab	
ρп	PERMIT MEASUREMENT	TEAL MICE	med H		6.0		9.0	3.0.	1/day	Grab	
Total Suspended Solids	SAMPLE MEASUREMENT	3.7 Avg Mo		lbs/day		4.3 Avg Mo		ma/l	1/week	24-Hr Composit	
lotal suspended sollos	PERMIT MEASUREMENT	25		ilbs/day		17		mg/L -	1/week	24-Hr Composit	
Tatal Dhambara	SAMPLE MEASUREMENT	.2 Avg Mo		lb a falsa i		.3 Avg Mo			1/week	24-Hr Composit	
Total Phosphorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L -	1/week	24-Hr Composit	
Flow	SAMPLE MEASUREMENT	.1183 Avg Mo	.2522 Daily Max	MGD					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered	
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab	
Total Residual Chionne (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab	
Annualis hiterana (Tatal Land Sha)	SAMPLE MEASUREMENT	1.6 Avg Mo		lha/da.		1.7 Avg Mo			1/week	24-Hr Composit	
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day		.9		mg/L	1/week	24-Hr Composit	



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE	
FAMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE	
Food Californ	SAMPLE MEASUREMENT					114 Geo Mean	1070 IMAX	CFU/100 ml	1/week	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	C-0/100mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	1.7 Avg Mo		lbs/day		2 Avg Mo		mall	1/week	24-Hr Composite	
arbonaceous Biochemical Oxygen Demand (CBOD5)	PERMIT MEASUREMENT	12		ibs/day		8.5		mg/L	1/week	24-Hr Composite	
Facility Comments			1b				**				

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT	
Willistown.pdf	Legacy Document	12/12/2015 2:55:17 AM	SUPPLEMENTAL & EXCURSION EXPLANATION	

#### NON-COMPLIANCES

HOIT COM ENTE											
PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	07/01/2013	07/31/2013	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	1.6	1.30	lbs/day	lbs/day
PA0050075	001	07/01/2013	07/31/2013	CONIDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	1.7	0.90	mg/L	mg/L
PA0050075	001	07/01/2013	07/31/2013	CONDI	Fecal Coliform	3	Instantaneous Maximum	1070	1000	CFU/100 ml	CFU/100 ml

#### COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
SEE ATTACHMENT FOR EXCURSION EXPLANATIONS	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

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

#### (include Facility Name/Location if different)

Primary Facility: Willistown Woods STP				001 DISCHARGE NUMBER			
Client: Little Washington Wastewater Company: Willistown Township							
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY
Municipality: Willistown Township		07	01		13	07	31

County: Chester

#### Ammonia as N (05-01 to 10-31)

Explanations: We realized excursions for Ammonia as N, monthly average concentration and monthly average loading.

Concentration level realized was 1.7 MG/L with a permit limit of 0.9 MG/L.

Loading level realized was 1.6 LB/day with a permit limit of 1.3 LB day.

We experienced issues with the clogging of the influent raw pumps due to a buildup of debris in our equalization tank and by pass pumping while the issues were addressed. As a result of bypass pumping the plant was being fed in a slug feed operation instead of a constant feed as it normally would be.

An extra blower was put on line to aid in trying to keep our Ammonia removal rates as close to normal as the issues with the equalization tank were addressed.

The equalization tank was drained and cleaned and operations and process efficiency have returned to normal.

Lab results for Ammonia since the tank cleaning have been. .16 MG/L. .20 MG/L. .27 MG/L. and .49 MG/L

#### **Fecal Coliform**

Explanations: We realized and excursion for Fecal Instantaneous maximum with a level of 1070.0 #col/100 ML, permit limit is 1000.0 #col/ 100ML. We had an issue with the UV system that is being addressed as service has been requested.

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

DATA FOR M	AVERAGES		
50075		004	١

PA0050075  illistown Township PERMIT NUMBER			001				
			DISCHARGE NUMBER				
N			DRING PERIOD				
YEAR	МО	DAY	то	YEAR	MO	DAY	
13	07	01		13	07	31	
	PER	PERMIT NUM	PERMIT NUMBER  MONITO  YEAR MO DAY	PERMIT NUMBER  MONITORING F  YEAR MO DAY TO	PERMIT NUMBER DISCH MONITORING PERIOD YEAR MO DAY TO YEAR	PERMIT NUMBER DISCHARGE N  MONITORING PERIOD  YEAR MO DAY TO YEAR MO	

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

County: Chester				LABORATO	ORY DATA	
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
7/3/2013 8:00:00 AM	4.0000	480.0000	0.2300	2.0000	1.7000	
7/10/2013 8:00:00 AM	3.6000	1.0000	0.1900	2.0000	5.3000	
7/17/2013 8:00:00 AM	7.6000	1070.0000	0.4100	2.0000	0.3000	
7/24/2013 8:30:00 AM	2.4000	620.0000	0.1600	2.2000	4.1000	
7/29/2013 12:00:00 PM					0.1600	
7/30/2013 12:00:00 PM					0.2000	
7/31/2013 8:30:00 AM	4.0000	60.0000	0.3000	2.0000	0.2700	



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC Monthly NAME Report Frequency: PA0050075 001 **ADDRESS** 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402 Monitoring Period: 08/01/2013 - 08/31/2013 PERMIT NUMBER OUTFALL NUMBER FACILITY WILLISTOWN WOODS STP Submitted By: MONITORING PERIOD LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010 Submit Date: 09/23/2013 МО YEAR DAY YEAR MO DAY TELEPHONE 610-645-1197 Stage: Final Effluent 08 08 2013 01 2013 31 FROM TO COUNTY Chester ☐ Check here if No Discharge REGION EP SE Rgnl Off Norristown

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
PARMILIER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE	
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2 Min			mg/L -	1/day	Grab	
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			"gr	1/day	Grab	
рН	SAMPLE MEASUREMENT				6.5 Min		6.8 Max	S.U.	1/day	Grab	
рП	PERMIT MEASUREMENT				6.0		9.0	3,0.	1/day	Grab	
T. 10	SAMPLE MEASUREMENT	3,1 Avg Mo		lbs/day		3.8 Avg Mo		mg/L -	1/week	24-Hr Composite	
Total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		l mg/L	1/week	24-Hr Composite	
Total Observacion	SAMPLE MEASUREMENT	.5 Avg Mo		lbs/day -		.6 Avg Mo		mg/L -	1/week	24-Hr Composite	
Total Phosphorus	PERMIT MEASUREMENT	1.5				1.0		l ligit	1/week	24-Hr Composite	
Flow	SAMPLE MEASUREMENT	.097 Avg Mo	.1273 Daily Max	MOD					Continuous	Metered	
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered	
Total Posidual Chlorina (TBC)	SAMPLE MEASUREMENT					.01 Avg Mo	.03 IMAX		1/day	Grab	
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab	
Annual Newson (Total Load No. )	SAMPLE MEASUREMENT	.7 Avg Mo		lba (da		.8 Avg Mo			1/week	24-Hr Composite	
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3	HATE TO BE	lbs/day		.9		mg/L	1/week	24-Hr Composite	



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCYOF	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE	
Fecal Coliform	SAMPLE MEASUREMENT					48 Geo Mean	480 IMAX	CELI/400 ml	1/week	Grab	
	PERMIT MEASUREMENT			1		200	1000	CFU/100 ml 1/week		Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	1.8 Avg Mo		lbs/day		2.2 Avg Mo			1/week	24-Hr Composite	
	PERMIT MEASUREMENT	12	E - toy !	ibs/day		8.5		mg/L	1/week	24-Hr Composite	
Facility Comments		"						×			

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN.PDF	Legacy Document	12/12/2015 2:58:42 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	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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY



#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

YEAR

2013

#### PERMITEE NAME/ADDRESS

REGION

NAME AQUA PENNSYLVANIA WASTEWATER INC

ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402

FACILITY WILLISTOWN WOODS STP

LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010

TELEPHONE 610-645-1197

COUNTY Chester

EP SE Rgnl Off Norristown

PA0050075
PERMIT NUMBER

MO DAY

09

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YEAR

2013

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OUT	FALL NUMBER

MO

09

DAY

30

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Monthly

Monuny

09/01/2013 - 09/30/2013

Monitoring Period: Submitted By:

Report Frequency:

Submit Date:

10/23/2013

Stage:

Final Effluent

□ Check here if No Discharge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	IANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE ITP
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT		で書きない		6.0			l "gr	1/day	Grab
-44	SAMPLE MEASUREMENT				6.5 Min		7.5 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT		SE NVIII.		6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	8.1 Avg Mo		lbs/day		9 Avg Mo		/1	1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	25		IDS/02ay		17		mg/L	1/week	24-Hr Composite
Total Observation	SAMPLE MEASUREMENT	.8 Avg Mo		11-11-		.9 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L	1/week	24-Hr Composite
n.	SAMPLE MEASUREMENT	.1033 Avg Mo	.1412 Daily Max		1				Continuous	Metered
Flow	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Desidual Oblasics (TDO)	SAMPLE MEASUREMENT					.01 Avg Mo	.03 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT	Water and				.05	.12	mg/L	1/day	Grab
America Network (Total Load No.)	SAMPLE MEASUREMENT	.6 Avg Mo		the Adess		.8 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		lbs/day	"HELL"	.9	HE NEVER	mg/L	1/week	24-Hr Composite



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITYOR	CONCENTRA	TION	FREQUENCYOF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE HE	
Fecal Coliform	SAMPLE MEASUREMENT					73 Geo Mean	1480 IMAX	CFU/100 ml	1/week	Grab	
recar conom	PERMIT MEASUREMENT					200	1000	C-C/100 mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2.7 Avg Mo		lho (do.)		3.2 Avg Mo			1/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	12		lbs/day		8.5		mg/L	1/week	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown.pdf	Legacy Document	12/12/2015 3:05:13 AM	SUPPLEMENTALS

#### NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	PERIOD	TYPE			BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
		BEGIN DATE	END DATE								
PA0050075	001	09/01/2013	09/30/2013	CONDI	Fecal Coliform	3	nstantaneous Maximun	1480	1000	CFU/100 ml	CFU/100 ml

#### 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	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 unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	МО	DAY

#### SUPPLEMENT SHEET FOR **EXCURSION EXPLANATION**

#### (include Facility Name/Location if different)

Primary Facility: Willistown Woods STP	F	A005007	5		001			
Client: Little Washington Wastewater Company: Willistown Township	PEF	RMIT NU	MBER		UMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	13	09	01		13	09	30	

County: Chester

#### Fecal Coliform

Explanations: We realized an excursion for Fecal Coliform Instantaneous Maximum for the month of September with a level of 1480 # colo/100ML and a limit of 1000 #colo/ML. We are having intermittent problems at the facility with the UV system, mainly the main control panel and have contacted a supplier to upgrade the control panel and the UV racks themselves. We will upgrading from low output to high output.

The parts have been ordered and we will be doing the upgrades will be completed as soon as they are available.

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075 0				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER DISCHARG				IARGE N	UMBER	
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY
Municipality: Willistown Township	13	09	01		13	09	30

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

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
9/4/2013 8:00:00 AM	2.4000	1480.0000	0.7200	2.7000	2.2000	
9/12/2013 9:00:00 AM	17.0000	1.0000	0.9400	3.0000	0.9600	
9/19/2013 6:30:00 AM	4.8000	1.0000	0.6000	3.3000	0.1000	
9/24/2013 12:30:00 PM		810.0000	0.5000			
9/25/2013 6:30:00 AM	12.0000	840.0000	1,1000	3.6000	0.5400	
9/26/2013 11:30:00 AM		125.0000	1.1000			
9/27/2013 11:30:00 AM		220.0000			0.1100	
9/30/2013 10:00:00 AM		30.0000	1.5000			



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

AQUA PENNSYLVANIA WASTEWATER INC Monthly Report Frequency: NAME PA0050075 001 10/01/2013 - 10/31/2013 **ADDRESS** 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402 Monitoring Period: PERMIT NUMBER OUTFALL NUMBER FACILITY WILLISTOWN WOODS STP Submitted By: MONITORING PERIOD LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010 11/27/2013 Submit Date: YEAR МО DAY YEAR MO DAY Final Effluent TELEPHONE 610-645-1197 Stage: 10 01 2013 10 31 2013 FROM COUNTY Chester Check here if No Discharge EP SE Rgnl Off Norristown REGION

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	IANTITY OR CO	DNCENTRATIC	N N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2 Min			mg/L -	1/day	Grab
Dissulved Oxygen	PERMIT MEASUREMENT				6.0			ligt.	1/day	Grab
all.	SAMPLE MEASUREMENT				6.3 Min		7.4 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	2.3 Avg Mo		lbs/day		2.6 Avg Mo		mg/L -	1/week	24-Hr Composite
Total Susperided Solids	PERMIT MEASUREMENT	25		ilos/day		17		ligit	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.5 Avg Mo		lbs/day		.6 Avg Mo		mg/L	1/week	24-Hr Composit
lotal Phospholus	PERMIT MEASUREMENT	1,5		ius/day		1.0		ligt.	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1044 Avg Mo	.1311 Daily Max	MGD					Continuous	Metered
riow	PERMIT MEASUREMENT			MGC					Continuous	Metered
Total Decidual Obligator (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Accession NEASON (Total Local No.)	SAMPLE MEASUREMENT	.2 Avg Mo		lho/de.		.2 Avg Mo			1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3		- Ibs/day		.9		mg/L	1/week	24-Hr Composite



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			C	UANTITY OR	CONCENTRA	NOIT	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Fecal Coliform	SAMPLE MEASUREMENT					166 Geo Mean	420 IMAX	CFU/100 ml	1/week	Grab
recar conom	PERMIT MEASUREMENT					200	1000	CFU/IIU Mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	2 Avg Mo		lhe/dex		2.3 Avg Mo		/1	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12		lbs/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments			2		11			30		

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN.PDF	Legacy Document	12/12/2015 3:12:36 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 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)

#### PERMITÉE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC	1	PA0050075				001			Report Frequency: Monthly		
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUN	MBER		OUTFA	LL NUN	/BER	Monitoring Period: 11/01/2013 - 11/30/2013	- 11/30/2013	
FACILITY	WILLISTOWN WOODS STP	1								Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONITO	ORING	PERIOD			Submit Date: 12/27/2013		
TELEPHONE	E 610-645-1197	3	YEAR	MO		a I	YEAR	MO	DAY	Stage: Final Effluent	ent	
COUNTY	Chester	FROM	2013	11	01	то	2013	11	30	☐ Check here if No Discharge		
REGION	EP SE Rgnl Off Norristown											

PARAMETER		QUAN	NTITY OR LOAD	DING	QL	JANTITY OR CO	DICENTRATIC	N	FREQUENCY OF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.3 Min				1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				6.8 Min		7.2 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	5.0,	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	13.2 Avg Mo		lbs/day		14.8 Avg Mo			1/week	24-Hr Composite
rotal suspended solids	PERMIT MEASUREMENT	25		los/day		17		mg/L	1/week	24-Hr Composite
Total Dhambara	SAMPLE MEASUREMENT	.5 Avg Mo		B-71		.6 Avg Mo			1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1092 Avg Mo	.1469 Daily Max	MOD					Continuous	Metered
FlOW	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Desist of Oblasica (TDO)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	0	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L -	1/day	Grab
Assessed No.	SAMPLE MEASUREMENT	.5 Avg Mo		11-14		.5 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3.6		lbs/day		2.5		mg/L	1/week	24-Hr Composite



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUA	NTITY OR LOAD	DING	C	QUANTITYOR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETTPE
Fecal Coliform	SAMPLE MEASUREMENT					289 Geo Mean	490 IMAX	CFU/100 ml	1/week	Grab
recal conom	PERMIT MEASUREMENT					200	1000	C-0/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	6.1 Avg Mo		lbs/day		6.5 Avg Mo			1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		ius/day		12	100	mg/L	1/week	24-Hr Composite
Facility Comments			"							

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 3:18:58 AM	supplementals

#### NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT	MONITORING PERIOD	MONITORING PERIOD	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
	OTHER ID	BEGIN DATE	END DATE				BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
PA0050075	001	11/01/2013	11/30/2013	CONDI	Fecal Coliform	3	Geometric Mean	289	200	CFU/100 ml	CFU/100 ml

#### 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	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 penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY

#### (include Facility Name/Location if different)

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	P	A005007	5		001			
Client: Little Washington Wastewater Company: Willistown Township	PER	NUN TIME	MBER		DISCH	ARGE N	UMBER	
Address: Route 3 Near Willistown Westtown Township Line			DRING P	PERIOD				
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	13	11	01		13	11	30	

County: Chester

#### **Fecal Coliform**

Explanations: We realized and excursion for Fecal Coliform for the month of November with a level of 289 Geometris Means and a permit limit of 289 Geometric Means We have had issues with the UV system and have the nessecary parts on order for the repairs to be completed.

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

#### DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	P	A005007	5		001					
Client: Little Washington Wastewater Company: Willistown Township	PER	RMIT NUM	MBER		DISCH	IARGE N	UMBER			
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD									
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	МО	DAY			
Municipality: Willistown Township	13	11	01		13	11	30			

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

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids		Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
11/6/2013 9:00:00 AM	43.0000	470.0000	1.2000	11.0000	0.8400	
11/13/2013 8:00:00 AM	1.6000	87.0000	0.5200	2.1000	0.1800	
11/20/2013 8:30:00 AM	1.6000	350.0000	0.1400	4.3000	0.1000	
11/26/2013 9:00:00 AM	13.0000	490.0000	0.3800	8.4000	0.8400	



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC	1	PA	005007	5			001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUN	/BER	Monitoring Period:	12/01/2013 - 12/31/2013
FACILITY	WILLISTOWN WOODS STP					. "				Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010			-	MONIT	ORING	PERIOD	_		Submit Date:	01/28/2014
TELEPHON	E 610-645-1197			МО	DAY		YEAR	МО	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM	2013	12	01	то	2013	12	31	☐ Check here if No Disch	marge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7 Min			mg/L -	1/day	Grab
Dissulved Oxygen	PERMIT MEASUREMENT				6.0			III.gr.	1/day	Grab
-0	SAMPLE MEASUREMENT				6.8 Min		7.2 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	2.3 Avg Mo		- Ibs/day		2,2 Avg Mo		mg/L	1/week	24-Hr Composite
total suspenied solids	PERMIT MEASUREMENT	25	7 4 7	ils/day		17		lingt [	1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.2 Avg Mo		lbs/day		.2 Avg Mo		mg/L	1/week	24-Hr Composite
iotai Priospriorus	PERMIT MEASUREMENT	1.5	100	it/s/day		1.0		"gr	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1562 Avg Mo	.9788 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT		22 = 11211	MGU					Continuous	Metered
Total Desided Chloring (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
	SAMPLE MEASUREMENT	,2 Avg Mo		lles (dess		.2 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	3,6	Assume I	- Ibs/day	W or La	2.5		mg/L	1/week	24-Hr Composite



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	NG QUANTITY OR CONCI			ATION	FREQUENCYOF	SAMPLE TYPE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE	
Fecal Coliform	SAMPLE MEASUREMENT					313 Geo Mean	1350 IMAX	CFU/100 ml	1/week	Grab	
	PERMIT MEASUREMENT					200	1000	CFU/100 mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.2 Avg Mo		lbs/day		2,2 Avg Mo		mall	1/week	24-Hr Composite	
	PERMIT MEASUREMENT	18		IDS/Galy		12		mg/L	1/week	24-Hr Composite	
Facility Comments		**									

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN.pdf	Legacy Document	12/12/2015 3:26:55 AM	SUPPLEMENTALS

#### NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	PERIOD	TYPE	1 1		BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
		BEGIN DATE	END DATE		11						
PA0050075	001	12/01/2013	12/31/2013	CONDI	Fecal Coliform	3	Geometric Mean	313	200	CFU/100 ml	CFU/100 ml
PA0050075	001	12/01/2013	12/31/2013	CONDI	Fecal Coliform	3	Instantaneous Maximum	1350	1000	CFU/100 ml	CFU/100 ml

#### COMMENTS

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

A STATE OF THE PARTY OF THE PAR	"Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic		TEI	EPHONE		DATE	
GREENPORTUSER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this			LITONE		DATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2014	01	28
	upulified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the					-	
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge		AREA		D1 2072 ADM	77.8	
	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	CODE	NUMBER	YEAR	MO	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

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Primary Facility: Willistown Woods STP	PA0050075 001							
Client: Little Washington Wastewater Company: Willistown Township	PEF	NUN TIME	MBER		DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD							
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	13	12	01	0.0001=	13	12	31	

County: Chester

#### Fecal Collform

Explanations: We realized an excursion for Fecal Coliform for the month of December with a level of 313 Geometris Means and a permit limit of 200 Geometric Means We have had issues with the UV system and have the nessecary parts on order for the repairs to be completed.

We have also taken the next step to write a spec for a replacement unit that can be installed more quickly than waiting for the repair parts and having the rebuild done for this unit. The unit will still be rebuilt and installed at another location when completed.

#### SUPPLEMENT SHEET DATA FOR MONTHLY AVERAGES

(include Facility Name/Location if different)

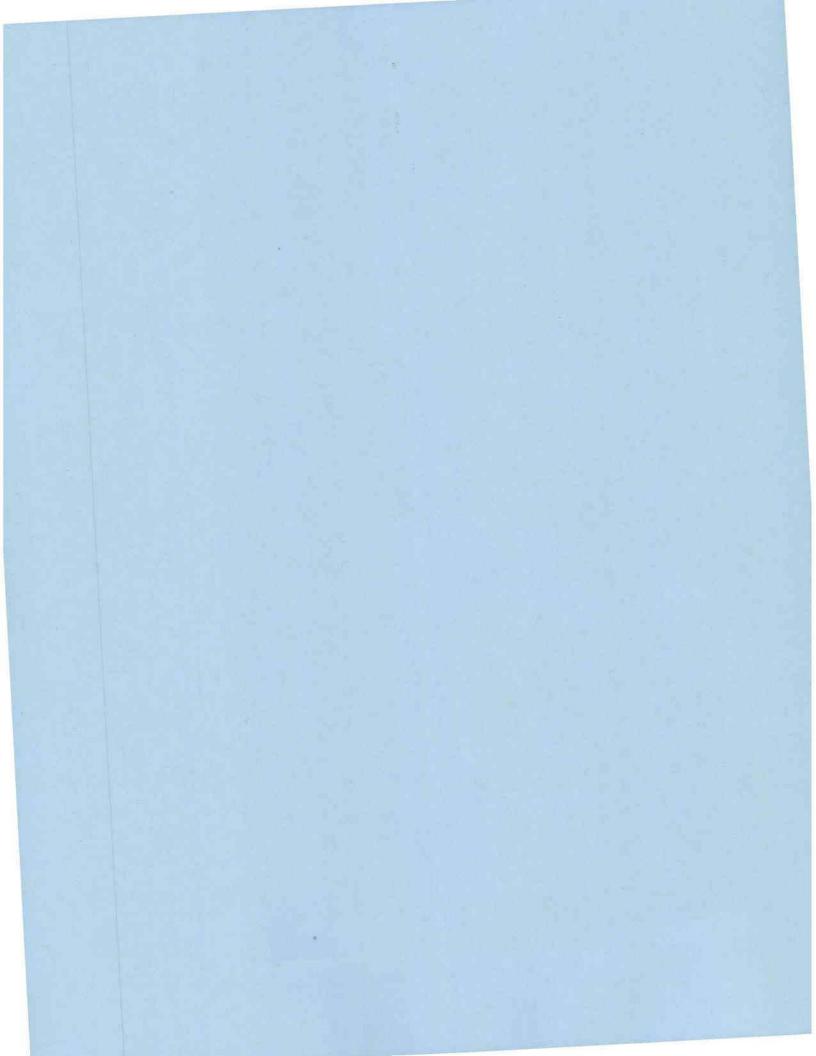
Primary Facility: Willistown Woods STP	PA0050075 001 PERMIT NUMBER DISCHARGE NUMBER						
Client: Little Washington Wastewater Company: Willistown Township					IARGE N	ARGE NUMBER	
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	МО	DAY
Municipality: Willistown Township	13	12	01		13	12	31

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

County: Chester

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	BOR	4 70	nv.	A.	T-8
1.44	nuk	AL I ( )	PCT.	UM.	<i>1 6</i> 4

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
12/4/2013 8:00:00 AM	1.6000	67.0000	0.1300	2.6000	0.1000	
12/11/2013 8:00:00 AM	2.8000	710.0000	0.2000	2.2000	0.1000	
12/17/2013 12:00:00 PM		1020.0000				
12/18/2013 9:00:00 AM	2.4000	1280.0000	0.2000	2.0000	0.1000	
12/19/2013 12:00:00 PM		4.0000				
12/20/2013 1:00:00 PM		370.0000				
12/23/2013 8:00:00 AM	2.0000	94.0000	0.2000	2.0000	0,4200	
12/26/2013 12:00:00 PM		1040.0000				
12/27/2013 12:00:00 PM		1350.0000				
12/30/2013 12:30:00 PM		750.0000				





#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5			001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUM	MBER	Monitoring Period:	01/01/2014 - 01/31/2014	
FACILITY	WILLISTOWN WOODS STP	ï								Submitted By:	2	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010			-	MONIT	ORING	PERIOD			Submit Date:	02/28/2014	
TELEPHONE	E 610-645-1197		YEAR	МО	DAY		YEAR	МО	DAY	Stage:	Final Effluent	
TELEFTION		FROM	2014	01	01	то	2014	01	31	Olage.		
COUNTY	Chester									Check here if No Disc	harge	

PARAMETER		QUA	NTITY OR LOAD	DING	QL	JANTITY OR CO	DICENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.3 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			l mgr [	1/day	Grab
рН	SAMPLE MEASUREMENT				6.7 Min		7.2 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0	Total all	9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	5.2 Avg Mo		- lbs/day		5.2 Avg Mo		mall	1/week	24-Hr Composit
lotal suspended solles	PERMIT MEASUREMENT	25		i ibs/day		17	BEAT ST	mg/L	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.2 Avg Mo		lbs/day		.2 Avg Mo		ma/I	1/week	24-Hr Composit
iotai Pilospiloitas	PERMIT MEASUREMENT	1.5		lbs/day		1.0		mg/L	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1339 Avg Mo	.3124 Daily Max	MGD					Continuous	Metered
FlOW	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mall	1/day	Grab
TOTAL RESIDUAL CHOTHE (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	Avg Mo		lbs/day		0 Avg Mo	0	a/I	1/day	Grab
Amimonia-Millogen (Total Load, Ibs)	PERMIT MEASUREMENT	3,6		ILS/Gay		2.5		mg/L	1/week	24-Hr Composite



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUANTITY OR LOAD		DING QUANTITY OR CO			CONCENTRA	ATION	<b>FREQUENCY OF</b>	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE	
Eccal Coliforn	SAMPLE MEASUREMENT					616 Geo Mean	2650 IMAX	QFU/100 ml	1/week	Grab	
Fecal Coliform	PERMIT MEASUREMENT					200	1000	C-C/ICOINI	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	3.9 Avg Mo		lbs/day		3.9 Avg Mo			1/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	18		ilbs/diay		12		mg/L	1/week	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 3:33:41 AM	SUPPLEMENTALS

#### NON-COMPLIANCES

PERMIT	SAMPLING POINT	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE CODE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED VALUE
NUMBER	OTHER ID	PERIOD	PERIOD	TYPE			BASE CODE	VALUE	VALUE	LOCATION CODER	UOM
		<b>BEGIN DATE</b>	END DATE								
PA0050075	001	01/01/2014	01/31/2014	CONDI	Fecal Coliform	3	Geometric Mean	616	200	CFU/100 ml	CFU/100 ml
PA0050075	001	01/01/2014	01/31/2014	CONDI	Fecal Coliform	3	nstantaneous Maximum	2650	1000	CFU/100 ml	CFU/100 ml

#### COMMENTS

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

	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic		TEL	EPHONE		DATE	
GREENPORT USER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this						
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2014	02	28
	ualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the						
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge	CLEANING BY FILL MANE	AREA				
	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	CODE	NUMBER	YEAR	MO	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

(include Fa	acility Name	/Location is	f different)
-------------	--------------	--------------	--------------

Primary Facility: Willistown Woods STP	F	A005007	5		001				
Client: Little Washington Wastewater Company: Willistown Township	PER	RMIT NUM	MBER		DISCHARGE NUMBER				
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD				
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY		
Municipality: Willistown Township	14	01	01		14	01	31		

County: Chester

#### Fecal Coliform

Explanations: We realized an excursion for Fecal Coliform for the month of January with a level of 616 Geometric Means and a permit limit of 200 Geometric Means and and instantenaous maximum of 2650.0 #Colonies/1000ML with a limit of 1000 #Colonies/1000ML

We have had issues with the UV system and have the nessecary parts on order for the repairs to be completed. The repair parts that were ordered have not arrived as they should have and an complete new unit was oprdered. We have located in the mean time replacement racks for the obsolete unit that is on site now and will have them in place in the month of February.

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

#### DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075 PERMIT NUMBER MONITORING PE					001		
Client: Little Washington Wastewater Company: Willistown Township					DISCHARGE NUMBER PERIOD			
Address: Route 3 Near Willistown Westtown Township Line								
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	МО	DAY	
Municipality: Willistown Township	14	01	01		14	01	31	

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

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
/2/2014 8:00:00 AM	3.2000	830.0000	0.1300	3.0000	1.3000	
/8/2014 7:00:00 AM	3.2000	540.0000	0.1900	3.4000	2.4000	
/13/2014 2:00:00 PM		57.0000				
1/14/2014 11:00:00 AM		102.0000				
I/15/2014 7:30:00 AM	4.0000	380.0000	0.2400	3.1000	0.3200	
I/16/2014 12:00:00 PM		550.0000		-15		
I/17/2014 12:00:00 PM		480.0000				
1/20/2014 12:30:00 PM		590.0000				
1/21/2014 12:00:00 PM		470.0000				
1/22/2014 12:00:00 PM		1270.0000				
1/23/2014 8:45:00 AM	5.6000	1130.0000	0.2000	4.0000	0.8200	
1/24/2014 11:30:00 AM		2510.0000		O		
1/28/2014 12:00:00 PM		2650.0000				
1/29/2014 8:00:00 AM	10.0000	1630.0000	0.3400	6.1000	1.3000	



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5			001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	IT MAN	MBER	Monitoring Period:	02/01/2014 - 02/28/2014	
FACILITY	WILLISTOWN WOODS STP									Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD		r	Submit Date:	03/28/2014	
TELEPHONI	E 610-645-1197	FROM	YEAR 2014	MO 02	DAY 01	то	YEAR 2014	MO 02	DAY 28	Stage:	Final Effluent	
COUNTY	Chester	TROW				] 10		_	-	☐ Check here if No Disc	charge	

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	JANTITY OR CO	ONCENTRATIO	N	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	FREQUENCY OF ANALYSIS  1/day  1/day  1/day  1/day  1/week  1/week  1/week  Continuous  Continuous  1/day  1/day  1/day  1/day	SAMPLETTE
Dissolved Oxygen	SAMPLE MEASUREMENT				8.3 Min			mg/L	1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			ligt.	1/day	Grab
-11	SAMPLE MEASUREMENT				6.7 Min		7.2 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	3.0.	1/day	Grab
Total Comments of California	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		4.5 Avg Mo		mg/L -	1/week	24-Hr Composite
Total Suspended Solids	PERMIT MEASUREMENT	25		ibs/day		17		l ligt	1/week	24-Hr Composite
T-1-1-Di	SAMPLE MEASUREMENT	.2 Avg Mo		- Ibs/day		.2 Avg Mo		mg/L	1/week	24-Hr Composite
Total Phosphorus	PERMIT MEASUREMENT	1.5		los/day	Page 1	1.0		] "gr [	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1348 Avg Mo	.1655 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT			WIGO					Continuous	Metered
Total Duristical Colorina (TDC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					,05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	9.6 Avg Mo		Sha felan		9.8 Avg Mo			1/week	24-Hr Composite
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	3,6		- Ibs/day		2.5		mg/L	1/week	24-Hr Composite



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING QUANTITY OR CONCENTRATION					FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE
Fecal Coliform	SAMPLE MEASUREMENT					92 Geo Mean	2610 IMAX	CFU/100 ml	1/week	Grab
recar conom	PERMIT MEASUREMENT				- 21-70	200	1000	CPU/IO/III	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		4.6 Avg Mo		mall	1/week	24-Hr Composite
(C8OD5)	PERMIT MEASUREMENT	18		ius/day		12	d'Agi	mg/L	1/week	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
willistown.pdf	Legacy Document	12/12/2015 7:11:54 AM	supplementals

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	02/01/2014	02/28/2014	CONIDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	9.6	3.60	lbs/day	lbs/day
PA0050075	001	02/01/2014	02/28/2014	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	9,8	2.50	mg/L	mg/L
PA0050075	001	02/01/2014	02/28/2014	CONDI	Fecal Coliform	3	Instantaneous Maximum	2610	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	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 CODE	NUMBER	YEAR	мо	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).						

(include Facility Name/Location if different)

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	P	A005007	5		001			
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	14	02	01		14	02	28	

County: Chester

#### Ammonia as N (11-01 to 04-30)

Explanations: We realized an excursion for Nitrogen Ammonia for the month of February with a level of 9.8 MG/L and permit limit of 2.5MG/L. Solids levels in process #2 were allowed to build in an attempt to increase the Biomass in an attempt to increase the Ammonia removal efficiency while temperatures in the process remained low. Solids are being reduced in process #2 and dissolved Oxygen levels maintained as the higher than normal solids inventory did not achieve the results we had hoped for. We also encountered issues with the VFD's controllers for the raw water influent pumps that feed the process tanks.

The VFD's would come on at a higher frequency that what we had then set for feeding the process and the result would be a slug feed instead of slow steady flow. This issue is being pair/replacement parts are not available.

#### **Fecal Coliform**

Explanations: We realized an excursion for Fecal Coliform Instantaneous Maximum for the Month of February with a level of 2610.0 # Colonies 100ML and a limit of 1000 # colonies 100ML The monthly average was met with a level of 92 #Colonies100MLGeometric Means.

Parts were obtained for the facility Ultra Violet Disinfection system and installed. The reaming Fecal Coliform samples submitted to the lab showed results no higher than 30 # Colonies 100ML.

### SUPPLEMENT SHEET

(include Facility Name/Location if different)

DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	P	A005007	5			001	
Client: Little Washington Wastewater Company: Willistown Township	PER	MIT NUM	MBER		DISCH	ARGE N	UMBER
Address: Route 3 Near Willistown Westtown Township Line			MONITO	ORING F	PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY
Municipality: Willistown Township	14	02	01		14	02	28

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

County: Chester				LABORATO	RY DATA	
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
2/6/2014 8:00:00 AM	ĸ	1610.0000				
2/11/2014 2:00:00 PM		1840.0000				
2/12/2014 8:00:00 AM	2.8000	1130.0000	0.1600	3.9000	1.3000	
2/14/2014 1:00:00 PM		1510.0000				
2/18/2014 12:30:00 PM		2610.0000				
2/19/2014 7:30:00 AM	3.6000	2600.0000	0.2500	5.5000	12.0000	
2/21/2014 12:30:00 PM		4.0000				
2/24/2014 1:30:00 PM		1.0000				
2/25/2014 12:30:00 PM		5.0000				
2/26/2014 8:00:00 AM	7.2000	1.0000	0.2300	4.3000	16.0000	
2/27/2014 1:00:00 PM		29.0000				
2/28/2014 12:00:00 PM		19.0000				



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC	Î	PA	005007	5	]		001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER		OUTFA	LL NUN	MBER	Monitoring Period:	03/01/2014 - 03/31/2014
FACILITY	WILLISTOWN WOODS STP	3								Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010		_		MONIT	ORING	PERIOD			Submit Date:	04/28/2014
TELEPHON	E 610-645-1197		YEAR 2014	MO 03	DAY		YEAR 2014	MO 03	DAY 31	Stage:	Final Effluent
COUNTY	Chester	FROM	2014	03	VI	ј то	2014	03	] 31	☐ Check here if No Disch	narge

QUANTITY OR LOADING QUANTITY OR CONCENTRATION **FREQUENCY OF PARAMETER** SAMPLE TYPE **ANALYSIS** UNITS **VALUE** VALUE VALUE VALUE VALUE UNITS SAMPLE 8.1 1/day Grab MEASUREMENT Min Dissolved Oxygen mg/L PERMIT Grab 6.0 1/day MEASUREMENT SAMPLE 6.8 7.7 1/day Grab **MEASUREMENT** Min Max pH S.U. PERMIT 6.0 9.0 1/day Grab MEASUREMENT 11.9 10.9 SAMPLE 1/week 24-Hr Composite **MEASUREMENT** Avg Mo Avg Mo Total Suspended Solids lbs/day mg/L PERMIT 17 25 1/week 24-Hr Composite MEASUREMENT SAMPLE .5 .5 24-Hr Composite 1/week MEASUREMENT Avg Mo Avg Mo Total Phosphorus lbs/day mg/L PERMIT 1.5 1.0 1/week 24-Hr Composite MEASUREMENT SAMPLE .1356 .1781 Continuous Metered MEASUREMENT Daily Max Avg Mo MGD Flow PERMIT Continuous Metered MEASUREMENT SAMPLE 0 n 1/day Grab MEASUREMENT **IMAX** Avg Mo Total Residual Chlorine (TRC) mg/L PERMIT .05 .12 1/day Grab MEASUREMENT SAMPLE 11.1 10.8 1/week 24-Hr Composite **MEASUREMENT** Avg Mo Avg Mo Ammonia-Nitrogen (Total Load, Ibs) lbs/day mg/L PERMIT 2.5 3.6 24-Hr Composite 1/week MEASUREMENT



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	C	QUANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAWFLETTFE
Fecal Coliform	SAMPLE MEASUREMENT					3 Geo Mean	5 IMAX	0511400	1/week	Grab
recal Collorn	PERMIT MEASUREMENT					200	1000	CFU/100 ml	1/week	Graib
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	6.1 Avg Mo		The Admir		5.6 Avg Mo			1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	18		- 1bs/day		12		mg/L	1/week	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
WILLISTOWN WOODS.PDF	Legacy Document	12/12/2015 7:17:20 AM	SUPPLEMENTALS

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	03/01/2014	03/31/2014	CONIDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	11.1	3.60	lbs/day	lbs/day
					lbs)						
PA0050075	001	03/01/2014	03/31/2014	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	10.8	2.50	mg/L	mg/L
					lbs)						

#### 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	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

### SUPPLEMENT SHEET FOR EXCURSION EXPLANATION

#### (include Facility Name/Location if different)

Primary Facility: Willistown Woods STP	F	A005007	<b>'</b> 5		001 DISCHARGE NUMBER			
Client: Little Washington Wastewater Company: Willistown Township	PER	RMIT NUI	MBER					
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD							
Willistown Township, Pennsylvania 19073		МО	DAY	то	YEAR	МО	DAY	
Municipality: Willistown Township	14	03	01		14	03	31	

County: Chester

Ammonia as N (11-01 to 04-30)

Explanations: We realized an exceedance for Ammonia Nitrogen for the month of March with a monthly average result of 10.8 mg/L and a mass loading of 11.1 lbs/day. Process adjustments were made throughout March to help the process recover from the February upset. The March 31 sample returned an ammonia result of 9.6 mg/L and the process is meeting effluent limits for April.

#### SUPPLEMENT SHEET DATA FOR MONTHLY AVERAGES

(include Facility Name/Location if different) Primary Facility: Willistown Woods STP

DATAFOR MOIN	HILL AVELVAGES	
PA0050075	001	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORIN	G PERIOD	!

Client: Little Washington Wastewater Company: Willistown Township	PER	RMIT NUN	MBER		DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line			MONITO	DRING F	PERIOD			
Willistown Township, Pennsylvania 19073	YEAR	МО	DAY	то	YEAR	MO	DAY	
Municipality: Willistown Township	14	03	01		14	03	31	

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

County: Chester	LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
3/5/2014 7:30:00 AM	14.0000	5.0000	0.5200	6.7000	11.0000	
3/12/2014 8:00:00 AM	9.6000	5.0000	0.4500	5.5000	9.3000	
3/19/2014 7:30:00 AM	11.0000	1.0000	0.4000	6.5000	8.5000	
3/24/2014 12:00:00 PM		1.0000			15.0000	
3/25/2014 8:00:00 AM		3.0000			13.0000	
3/26/2014 8:00:00 AM	6.8000	4.0000	0.3600	3.5000	6.6000	
3/27/2014 12:45:00 PM	13.0000	5.0000	0.5200	5.7000	12.0000	
3/28/2014 12:00:00 PM		1.0000			12.0000	
3/31/2014 1:00:00 PM		3.0000			9.6000	



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC	1	PA	005007	5	1 1		001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	T NUM	BER		OUTFA	LL NUM	BER	Monitoring Period:	04/01/2014 - 04/30/2014
FACILITY	WILLISTOWN WOODS STP								$\equiv$	Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010	1	- 7		MONIT	ORING	PERIOD			Submit Date:	05/28/2014
TELEPHONE	610-645-1197		YEAR	MO	DAY		YEAR	MO	DAY	Stage:	Final Effluent
COUNTY	Chester	FROM [	2014	04	01	ТО	2014	04	30	☐ Check here if No Disc	charge

QUANTITY OR LOADING QUANTITY OR CONCENTRATION **FREQUENCY OF** SAMPLE TYPE **PARAMETER ANALYSIS** VALUE **VALUE** UNITS **VALUE VALUE VALUE** UNITS SAMPLE 8.4 1/day Grab MEASUREMENT Min Dissolved Oxygen mg/L PERMIT 6.0 1/day Grab MEASUREMENT SAMPLE 7.4 Grab 1/day MEASUREMENT Min Max pН S.U. PERMIT 6.0 9.0 1/day Grab MEASUREMENT SAMPLE 13.1 10.4 1/week 24-Hr Composite MEASUREMENT Avg Mo Avg Mo lbs/day Total Suspended Solids ma/L PERMIT 25 17 1/week 24-Hr Composite MEASUREMENT SAMPLE .5 .4 1/week 24-Hr Composite MEASUREMENT Avg Mo Avg Mo Total Phosphorus lbs/day mg/L PERMIT 1.5 1.0 1/week 24-Hr Composite MEASUREMENT SAMPLE .141 .02459 Continuous Metered MEASUREMENT Avg Mo Daily Max Flow MGD PERMIT Continuous Metered MEASUREMENT SAMPLE 0 0 1/day Grab **MEASUREMENT** Avg Mo **IMAX** Total Residual Chlorine (TRC) mg/L PERMIT .05 .12 1/day Grab MEASUREMENT SAMPLE 2.2 2.6 1/week 24-Hr Composite MEASUREMENT Avg Mo Avg Mo Ammonia-Nitrogen (Total Load, Ibs) lbs/day mg/L PERMIT 3.6 25 1/week 24-Hr Composite MEASUREMENT



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUAN	TITY OR LOAD	DING	C	UANTITY OR	CONCENTRA	NOITA	FREQUENCYOF	SAMPLE TYPE	
FARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE	
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	2 IMAX	CELV100 ml	CFU/100 ml	1/week	Grab
recar collom	PERMIT MEASUREMENT					200	1000	C-C/ICO/INI	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	7 Avg Mo		lho/da.		5.5 Avg Mo			1/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	18		- Ibs/day		12		mg/L	1/week	24-Hr Composite	
Facility Comments								*			

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown.pdf	Legacy Document	12/12/2015 7:25:22 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 unsworm falsification to authorities).	SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	мо	DAY



#### DISCHARGE MONITORING REPORT (DMR)

#### PERMITEE NAME/ADDRESS

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency: Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERM	TNUN	BER		OUTFA	IT NO	JMBER	Monitoring Period: 05/01/2014 - 05/31/3	2014
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010			_	MONIT	ORING	PERIOD		1	Submit Date: 06/20/2014	
TELEPHONI	E 610-645-1197		YEAR	МО	DAY		YEAR	МО	-	Stage: Final Effluent	
COUNTY	Chester	FROM	2014	05	01	то	2014	05	31	☐ Check here if No Discharge	
REGION	EP SE Rgnl Off Norristown										

DADAMETED		QUAI	NTITY OR LOAI	DING	QL	ANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	CAMPLE DO
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYPE
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5 Min				1/day	Grab
Dissolved Oxygen	PERMIT MEASUREMENT				6.0			mg/L	1/day	Grab
рН	SAMPLE MEASUREMENT				7 Min		7.6 Max	S.U.	1/day	Grab
μп	PERMIT MEASUREMENT				6.0	New York	9.0	3.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	12.6 Avg Mo		lbs/day		10.3 Avg Mo		mg/L	1/week	24-Hr Composit
Total Suspended Solids	PÉRMIT MEASUREMENT	25		ilbs/day		17		] "gr [	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.6 Avg Mo		lbs/day		.5 Avg Mo			1/week	24-Hr Composit
total Phosphorus	PERMIT MEASUREMENT	1.5		ilbs/day		1.0		rng/L	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1556 Avg Mo	.1942 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT	E ton E		MGD					Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX		1/day	Grab
iotai residuai Unionne (TrC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
Ammonio Nitrogon (Total Lond III-)	SAMPLE MEASUREMENT	.4 Avg Mo		lbs/day		.4 Avg Mo			1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, lbs)	PERMIT MEASUREMENT	1.3		ius/day		.9		mg/L	1/week	24-Hr Composit



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	ITITY OR LOAD	DING	C	UANTITYOR	<b>FREQUENCY OF</b>	SAMPLE TYPE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAIVIPLE ITPE
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	6 IMAX	CFU/100 ml	1/week	Grab
recal Collidim	PERMIT MEASUREMENT					200	1000	C-C/100 mi	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	5.2 Avg Mo		lha (da.		4.3 Avg Mo		()	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12		lbs/day		8.5		mg/L	1/week	24-Hr Composite
Facility Comments										

#### ATTACHMENT DETAILS

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

#### COMMENTS

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

#### SUBMISSION CONFIRMATION:

SUBMITTED BY	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic		TEI	EPHONE		DATE	
GREENPORT USER	transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		I IEL	EFFICINE		UATE	
	document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that				2014	06	20
	ualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the					-	
	system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge		AREA				
	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	CODE	NUMBER	YEAR	МО	DAY
	penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).		CODE				



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

EP SE Rgnl Off Norristown

REGION

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	5	1		001		Report Frequency:	Monthly
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUM	BER	1	OUTFA	IL NU	MBER	Monitoring Period:	06/01/2014 - 06/30/2014
FACILITY	WILLISTOWN WOODS STP									Submitted By:	
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONT	ORING	PERIOD	_		Submit Date:	07/28/2014
TELEPHON	E 610-645-1197	50014	YEAR 2014	MO 06	DAY 01	-	YEAR 2014	MO 06	DAY 30	Stage:	Final Effluent
COUNTY	Chester	FROM	2014		٧.	ТО	2014	00		☐ Check here if No Dis	charge

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	IANTITY OR CO	DNCENTRATIC	N	<b>FREQUENCY OF</b>	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE HE
Dissolved Oxygen	SAMPLE MEASUREMENT				4.7 Min			mg/L	1/day	Grab
Dissuled Oxygen	PERMIT MEASUREMENT		H. E. C.		6.0			l light	1/day	Grab
-17	SAMPLE MEASUREMENT				6.7 Min		7.5 Max	S.U.	1/day	Grab
рН	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	13.1 Avg Mo		lbs/day		9.1 Avg Mo		mg/L	1/week	24-Hr Composit
Total Suspertieu Solius	PERMIT MEASUREMENT	25		ibs/day		17		ling's	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.9 Avg Mo		lbs/day		.6 Avg Mo		mg/L	1/week	24-Hr Composit
lotal Phosphorus	PERMIT MEASUREMENT	1.5		IDS/Gay		1.0		ligt.	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1607 Avg Mo	.2849 Daily Max	MGD					Continuous	Metered
Flow	PERMIT MEASUREMENT	and E		MGD					Continuous	Metered
Total Davidual Oblasica (TDO)	SAMPLE MEASUREMENT					.04 Avg Mo	.04 IMAX	mall	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT		B AM M			,05	.12	mg/L	1/day	Grab
A	SAMPLE MEASUREMENT	2.9 Avg Mo		lba (da		2.2 Avg Mo		//	1/week	24-Hr Composit
Ammonia-Nitrogen (Total Load, Ibs)	PERMIT MEASUREMENT	1.3	TATTO	lbs/day	MULTES	.9	TRAFF	mg/L	1/week	24-Hr Composit



#### **DISCHARGE MONITORING REPORT (DMR)**

PARAMETER		QUAN	TITY OR LOAD	DING	C	UANTITYOR	CONCENTRA	NON	<b>FREQUENCY OF</b>	SAMPLE TYPE	
FAIVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TIPE	
Fecal Coliform	SAMPLE MEASUREMENT					16 Geo Mean	2400 IMAX	CFU/100 ml	1/week	Grab	
recal collom	PERMIT MEASUREMENT					200	1000	CFU/100 mi	1/week	Grab	
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	6 Avg Mo		lbs/day		3.9 Avg Mo		/	1/week	24-Hr Composite	
(CBOD5)	PERMIT MEASUREMENT	12		ius/day		8.5		mg/L	1/week	24-Hr Composite	
Facility Comments											

#### ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTAHMENT COMMENT
Willistown Woods.pdf	Legacy Document	12/12/2015 7:40:11 AM	
willistown.pdf	Legacy Document	12/12/2015 7:40:11 AM	

#### NON-COMPLIANCES

11011 001111 22111				- Di-							
PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	06/01/2014	06/30/2014	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	29	1.30	lbs/day	lbs/day
					lbs)						
PA0050075	001	06/01/2014	06/30/2014	CONDI	Dissolved Oxygen	3	Minimum	4.7	6	mg/L	mg/L
PA0050075	001	06/01/2014	06/30/2014	CONDI	Ammonia-Nitrogen (Total Load,	3	Average Monthly	2.2	0.90	mg/L	mg/L
					lbs)						
PA0050075	001	06/01/2014	06/30/2014	CONDI	Fecal Coliform	3	Instantaneous	2400	1000	CFU/100 ml	CFU/100 ml
							Maximum				

#### 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	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				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 unswom 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)

NAME	Little Washington Wastewater Company: Willistown Township	BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  EXCURSION EXPLANATION									
ADDRESS	Route 3 Near Willistown Westtown Township Willistown Township, Pennsylvania 19073	PA0050075				001					
FACILITY	Willistown Woods STP	PERMIT NUMBER				DISCH	ARGE N	NUMBER			
	Willistown Township			MONITO	DRING I	PERIOD					
	CountyChester	YEAR	МО	DAY		YEAR	МО	DAY			
WATERSHEE	3G	14	06	01	ТО	14	06	30			
nigh. The pu	ump setting was corrected and the process slowly re nt during intermittent periods of no discharge. We h	ecovered throave instructed	ough July ed the ope	. The low I	Dissolved rdingly ar	Oxygen re:	pect furth	orged on 6/5, 6/6 her exceedances	, 6/19 and 6/20 were i.	e cause by the taking of C	Ю
Fecal Colifo	m										
Explanations	51.										

#### Dissolved Oxygen

Explanations:			



NAME Little Washington Wastewater

Company: Willistown Township

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

Willistown Woods STP **FACILITY** 

LOCATION

**ADDRESS** 

Willistown Township CountyChester

WATERSHED 3G

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

**DATA FOR MONTHLY AVERAGES** 

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

MONITORING PERIOD										
YEAR	MO	DAY		YEAR	MO	DAY				
14	06	01	TO	14	06	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	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
6/4/2014 7:00:00 AM	6.8000	27.0000	0.6300	8.2000	0.8000	
6/11/2014 8:00:00 AM	14.0000	1.0000	0.6300	3.0000	0.2100	
6/18/2014 8:30:00 AM	14.0000	1.0000	0.6900	2.4000	0.3200	
6/25/2014 8:00:00 AM	1.6000	2400.0000	0.6500	2.0000	7.3000	



NAME Little Washington Wastewater

Company: Willistown Township

**ADDRESS** 

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

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

#### **DATA FOR MONTHLY AVERAGES**

PA0050075 PERMIT NUMBER

001
DISCHARGE NUMBER

		MONITO	RING P	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
14	06	01	TO	14	06	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.

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
6/1/2014 8:15:00 AM	178282	6836072.0000	9.2400	7.3900	0.0400	60		
6/2/2014 11:50:00 AM	171856	6838121.0000	9,3500	7.2800		75		
6/3/2014 1:15:00 PM	127712	6839941.0000	8,8000	7.1200		85		
6/4/2014 11:30:00 AM	207049	6841125.0000	8.4000	6.9200		80		
6/5/2014 6:00:00 AM	108500	6842721.0000	5.4900	7.2600		73		
6/6/2014 6:00:00 AM	144425	6843806.0000	4.6900	7.1800		60		
6/7/2014 10:15:00 AM	151964	6845506.0000	8.4900	7.1700		72		
6/8/2014 8:15:00 AM	183897	6846899.0000	8.5700	7.3300		65		
6/9/2014 11:30:00 AM	155261	6848987.0000	8.7000	7.1200		73	0.1	
6/10/2014 11:35:00 AM	158948	6850545.0000	8.3000	7.1700		75	0.1	
6/11/2014 11:40:00 AM	146582	6852140.0000	8.7200	7.2900		64	0.5	
6/12/2014 11: <b>50</b> :00 AM	145730	6853616,0000	8.9500	7.2200		66	0.1	
6/13/2014 11:25:00 AM	135660	6855048.0000	8.7000	7.2500		77	0.7	
6/14/2014 9:00:00 AM	157844	6856268.0000	8.4400	7.4300		69		
6/15/2014 8:45:00 AM	184964	6857830.0000	8,4800	7.3000				
6/15/2014 11:35:00 AM						64		
6/16/2014 11:35:00 AM	167262	6859898.0000	8.9500	7.1200		80		



NAME Little Washington Wastewater

Company: Willistown Township

ADDRESS

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

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

#### **DATA FOR MONTHLY AVERAGES**

PA0050075 PERMIT NUMBER

	001	
DISCHAR	GE N	NUMBER

MONITORING PERIOD										
YEAR	MO	DAY		YEAR	MO	DAY				
14	06	01	TO	14	06	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.

#### FIELD AND WEATHER DATA

	TIED AND MEANICADAIN										
Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation				
6/17/2014 11:25:00 AM	170907	6861559.0000	8.8500	6.9400		82					
6/18/2014 11:30:00 AM	184865	6863274.0000	8.6200	6.8400		84					
6/19/2014 6:00:00 AM	160392	6864699.0000	5.6800	6.9900		73	1.9				
6/20/2014 8:30:00 AM	284897	6866470.0000	5.6800	7.0400		72					
6/21/2014 9:15:00 AM	0	6869408.0000	8.0300	7.1100		68					
6/22/2014 7:50:00 AM	181200	6869408.0000	7.2600	7.1300		63					
6/23/2014 11:50:00 AM	155480	6871522.0000	8.8400	6.6800		75					
6/24/2014 11:40:00 AM	166543	6873066.0000	8.1600	7.1800		75					
6/25/2014 11:50:00 AM	156343	6874743.0000	8.5100	7.2600		82					
6/26/2014 11:45:00 AM	157945	6876301.0000	8.4800	7.3000		77	1.0				
6/27/2014 11:30:00 AM	140612	6877864.0000	8.9700	7.4600		86					
6/28/2014 10:10:00 AM	167257	6879192.0000	9.2700	7.5200		76					
6/29/2014 8:15:00 AM	191529	6880731.0000	8.7100	7.3600		68					
6/30/2014 11:25:00 AM	176339	6882899.0000	8.0200	7.3000		80					



#### **DISCHARGE MONITORING REPORT (DMR)**

#### PERMITEE NAME/ADDRESS

REGION

EP SE Rgnl Off Norristown

NAME	AQUA PENNSYLVANIA WASTEWATER INC		PA	005007	75			001		Report Frequency:	Monthly	
ADDRESS	762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402		PERMI	TNUN	BER		OUTFA	IT NO	/BER	Monitoring Period:	07/01/2014 - 07/31/2014	
FACILITY	WILLISTOWN WOODS STP	9								Submitted By:		
LOCATION	762 W.LANCASTER AVE, BRYN MAWR, PA - 19010				MONIT	ORING	PERIOD	1		Submit Date:	08/28/2014	
TELEPHON	E 610-645-1197			MO	DAY		YEAR	MO	DAY	Stage:	Final Effluent	
COUNTY	Chester	FROM	2014	07	01	то	2014	07	31	☐ Check here if No Disch	arge	

PARAMETER		QUAI	NTITY OR LOAD	DING	QL	ANTITY OR CO	DNCENTRATIC	N	FREQUENCYOF	CAMPLEDO
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLE TYP
Dissolved Oxygen	SAMPLE MEASUREMENT				5.1 Min			mg/L -	1/day	Grab
bissolved Oxygen	PERMIT MEASUREMENT				6.0			"g"	1/day	Grab
рН	SAMPLE MEASUREMENT				7 Min		7.3 Max	S.U.	1/day	Grab
рп	PERMIT MEASUREMENT				6.0		9.0	5.0.	1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.6 Avg Mo		- lbs/day		7.5 Avg Mo		ma/l	1/week	24-Hr Composit
Total Susperioru Solius	PERMIT MEASUREMENT	25		lls/day		17	Market 1	mg/L	1/week	24-Hr Composit
Total Phosphorus	SAMPLE MEASUREMENT	.7 Avg Mo		- Ibs/dav		.6 Avg Mo		mg/L	1/week	24-Hr Composi
iotai Pilospiloitos	PERMIT MEASUREMENT	1.5		lls/day		1.0		"9"	1/week	24-Hr Composit
Flow	SAMPLE MEASUREMENT	.1521 Avg Mo	.1785 Daily Max	MGD					Continuous	Metered
riow	PERMIT MEASUREMENT			MGD					Continuous	Metered
Total Posidual Chlorino (TBC)	SAMPLE MEASUREMENT					.02 Avg Mo	.03 IMAX	mg/l	1/day	Grab
Total Residual Chlorine (TRC)	PERMIT MEASUREMENT					.05	.12	mg/L	1/day	Grab
vmmonia-Nitrogen (Total Load, Ibs)	SAMPLE MEASUREMENT	3 Avg Mo		lbs/day		2.4 Avg Mo		ma/l	1/week	24-Hr Composit
vinino na introgram (rotal Luad, lus)	PERMIT MEASUREMENT	1.3		ius/day		.9		mg/L	1/week	24-Hr Composit



#### DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			C	UANTITY OR	CONCENTRA	ATION	FREQUENCYOF	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	ANALYSIS	SAMPLETIFE
Fecal Coliform	SAMPLE MEASUREMENT					6 Geo Mean	28 IMAX	CFU/100 ml	1/week	Grab
recal collom	PERMIT MEASUREMENT					200	1000	Craritom	1/week	Grab
Carbonaceous Biochemical Oxygen Demand	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		3.4 Avg Mo		mg/L	1/week	24-Hr Composite
(CBOD5)	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments						40				

#### ATTACHMENT DETAILS

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

#### NON-COMPLIANCES

PERMIT	SAMPLING	MONITORING	MONITORING	NON-COMPLIANCE	PARAMETER	STAGE	STATISTICAL	REPORTED	LIMITED	MONITOR	REPORTED
NUMBER	POINT	PERIOD	PERIOD	TYPE		CODE	BASE CODE	VALUE	VALUE	LOCATION	VALUE
	OTHER ID	BEGIN DATE	END DATE							CODER	UOM
PA0050075	001	07/01/2014	07/31/2014	CONIDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	3	1.30	lbs/day	lbs/day
PA0050075	001	07/01/2014	07/31/2014	CONDI	Dissolved Oxygen	3	Minimum	5.1	6	mg/L	mg/L
PA0050075	001	07/01/2014	07/31/2014	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	2.4	0.90	mg/L	mg/L

#### COMMENTS

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

#### SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this		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 unsworn 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)

#### **EXCURSION EXPLANATION**

**ADDRESS** 

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

Willistown Woods STP

Little Washington Wastewater

Company: Willistown Township

PA0050075 PERMIT NUMBER 001 DISCHARGE NUMBER

FACILITY

Willistown Township
CountyChester

WATERSHED 3G

		MONITO	PRING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
14	07	01	TO	14	07	31

#### Ammonia as N (05-01 to 10-31)

Explanations: We realized excursions for ammonia monthly average loading and concentration with results of 3.0 lbs/day and 2.4 mg/L respectively. In early July the facility was still recovering from the plant upset that occurred in June when the ferric feed pump was inadvertently set too high. The excursions resulted from samples taken on 7/2/14 and 7/9/14 which yielded results of 8.2 mg.L and 2.4 mg/L respectively compared to the permit limit of 0.9 mg/L. Process adjustments were made as the plant continued to recover and the effluent ammonia concentrations were within permit limits for the samples taken on 7/16, 7/23 and 7/30.

#### Dissolved Oxygen

Explanations: We also realized an excursion for effluent minimum dissolved oxygen concentration for the sample conducted on 7/18/14 with a result of 5.13 mg/L. We believe the sample measurement was taken during a period of stagnation when there was no forward flow through the facility. This facility typically discharges well above the minimum DO limit.



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** 

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

Willistown Woods STP

**FACILITY** 

Willistown Township LOCATION

Little Washington Wastewater

Company: Willistown Township

	CountyChester		
WATERSHED	3G		

PA0050075	
PERMIT NUMBER	

001	1
DISCHARGE NUMBER	

		MONITO	RING F	PERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
14	07	01	то	14	07	31

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

#### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
7/2/2014 8:30:00 AM	6.0000	3.0000	0.4300	2.4000	8.2000	
7/9/2014 8:30:00 AM	12.0000	23.0000	0.5600	5.1000	2.4000	
7/16/2014 8:00:00 AM	8.8000	28.0000	0.6400	3.9000	0.5100	
7/23/2014 8:30:00 AM	2.4000	3.0000	0.2600	2.0000	0.1000	
7/30/2014 8:30:00 AM	8.4000	1.0000	1.0000	3.8000	0.6600	



NAME Little Washingto

Little Washington Wastewater Company: Willistown Township

ADDRESS Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

Willistown Woods STP

FACILITY VIIIISTOWN VVOOGS ST

LOCATION Willistown Township
CountyChester

WATERSHED 3G

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

**DATA FOR MONTHLY AVERAGES** 

PA0050075 PERMIT NUMBER

001
DISCHARGE NUMBER

		MONITO	RING F	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
14	07	01	то	14	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.

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
7/1/2014 11:50:00 <b>AM</b>	146962	6884693.0000	8.1400	7.1400		86		
7/2/2014 11:20:00 AM	150058	6886132.0000	8.2000	7.3000		86		
7/3/2014 11:30:00 AM	117073	6887643.0000	8.4300	7.2300		81	0.5	
7/4/2014 8:00:00 AM	142036	6888643.0000	8.2100	7.3300		68	0.1	
7/5/2014 9:40:00 AM	137836	6890162.0000	8.6000	7.2800		70		
7/6/2014 8:15:00 AM	165272	6891459.0000	8.4200	7.2800		65		
7/7/2014 11:40:00 AM	170081	6893347.0000	8.7500	7.0800		82		
7/8/2014 11:30:00 AM	142288	6895036.0000	8.5800	7.1900		84		
7/9/2014 11:20:00 AM	161479	6896449.0000	8.4200	7.2800		82		
7/10/2014 11:30:00 AM	152400	6898075.0000	8.4000	7.2700		80		
7/11/2014 11:30:00 AM	154940	6899599.0000	8.4400	7.1500		82		
7/12/2014 9:00:00 AM	162485	6900987.0000	8.3300	7.2800		75	0.1	
7/13/2014 8:30:00 AM	178489	6902578.0000	8.4600	7.1500		73		
7/14/2014 11:30:00 AM	168913	6904586.0000	8.0200	7.0700		82	0.3	
7/15/2014 11:35:00 AM	149082	6906281.0000	7.8800	7.1100		84	0.5	
7/16/2014 11:40:00 AM	159546	6907777.0000	8.2200	7.1000		77	0.3	
7/17/2014 11:45:00 AM	148422	6909378.0000	8.4100	7.0600		78		



Little Washington Wastewater

Company: Willistown Township

**ADDRESS** 

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township
CountyChester

WATERSHED 3G

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

**DATA FOR MONTHLY AVERAGES** 

PA0050075 PERMIT NUMBER 001
DISCHARGE NUMBER

		MONITO	ORING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
14	07	01	TO	14	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.

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
7/18/2014 10:00:00 AM	139200	6910754.0000	5.1300	7.2400		80		
7/19/2014 10:00:00 AM	153813	6912146.0000	7.3900	7.2300		70		
7/20/2014 8:30:00 AM	175289	6913588.0000	8.0500	7.2500		68		
7/21/2014 11:30:00 AM	162558	6915560.0000	7.7500	7.0200		75		
7/22/2014 11:10:00 AM	153633	6917163.0000	7.6500	7.0900		80		
7/23/2014 11:20:00 AM	157606	6918710.0000	8.2400	7.1100	0.0200	84		
7/24/2014 11:30:00 AM	147537	6920297.0000	7.9500	7.1500	0.0300	73		
7/25/2014 11:15:00 AM	126982	6921757.0000	7.7600	7.1900	0.0200	72		
7/26/2014 9:15:00 AM	149581	6922921.0000	7.4600	7.1700	0.0000	67		
7/27/2014 9:20:00 AM	172062	6924422.0000	7.6800	7.0900	0.0100	78		
7/28/2014 11:20:00 AM	153323	6926286.0000	7.9800	7.0200	0.0200	74	0.8	
7/29/2014 1:20:00 PM	137649	6927947.0000	7.7100	7.1800	0.0300	70		
7/30/2014 11:15:00 AM	136577	6929204.0000	7.5800	7.2100	0.0200	75		
7/31/2014 11:30:00 AM	140732	6930584.0000	7.6400	7.1200	0.0200	74		



Little Washington Wastewater Company: Willistown 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)

MONITORING PERIOD

TO

YEAR

14

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Α		II X	ĸ	_	~	-

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

FACILITY

LOCATION

WATERSHED 3G

Willistown Woods STP

Willistown Township

Chester County

PA0060075 PERMIT NUMBER

MO

08

DAY

01

YEAR

14

Q01 DISCHARGE NUMBER

MO

80

DAY

31

Reporting Frequency Monthly

\* Use this DMR from treatment plant expansion

Permit Expires

December 31, 2014

Permit Application due

June 30, 2014

Check here if No Discharge

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		YPĒ
Flow	SAMPLE MEASUREMENT	0.1454	0.1745		XXXXX	XXXXX	XXXXX	1000X	0	Continuous	N	leter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXMEN	MGD	XXXXXX	XXXXX	XXXXXX	XXXX		Continuous	N	leter
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.2	XXXXX	LB/DAY	XXXXX	2.7	XXXXX	MG/L	0	1/Week	2	4HC
	PERMIT REQUIREMENT	12.0	XXXXX	LB/DAY	XXXXX	8.5	XXXXXX	MCA.		1/Week	2	4НС
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	1/Week	2	4HC
	PERMIT REQUIREMENT	18.0	XXXXX	LB/DAY	XXXXXX	12.0	XXXXX	MC/L		1/Week	2	4HC
Total Suspended Solids	SAMPLE MEASUREMENT	8.5	XXXXX	LB/DAY	XXXXX	7.3	XXXXX	MGA.	0	1/Week	2	4HC
	PERMIT REQUIREMENT	25.0	XXXXX	LB/DAY	XXXXXX	17.0	XXXXXX	NGL		1/Week	2	4НС
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	1.4	XXXXXX	LB/DAY	XXXXX	1.1	XXXXX	MGA.	2	1/Week	2	4HC
10-31)	PERMIT REQUIREMENT	1.3	XXXXX	LB/DAY	XXXXX	0.9	XXXXXX	MGA.		1/Week	2	4HC
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXXX	LB/DAY	XXXXX		XXXXX	MGA.	0		2	4HC
04-30)	PERMIT REQUIREMENT	3.6	XXXXX	LB/DAY	XXXXX	2.5	XXXXX	MGAL		1/Week	2	4HC
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER AM FAMILIAR WITH TH	VALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	LLY EXAMINED AND AND BASED ON MY					TELEPHONE	E	DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INGUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM PENALTIES FOR SUBJ OF FINE AND IMPRISO UNDER THESE STATU	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TO MITTING FALSE INFOR	ET MEDDMATI	THE TOTAL	CICHATUR	E OF DUNCING	L EXECU	TD 6	(610) 645-4215	2014	09
TYPED OR PRI	NTED	UNDER THESE STATU IMPRISONMENT OF BE	INMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US NES UP TO \$10,0 ND 5 YEARS.)	C §1319. (PENALTIES 100 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHORI			AREA CODE NUMBER	YEAR	MO

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



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

#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

01

YEAR

14

ADDRESS

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

FACILITY

Willistown Woods STP

Little Washington Wastewater

Company: Willistown Township

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

08

YEAR

14

001 DISCHARGE NUMBER

MO

80

DAY

31

Reporting Frequency Monthly

" Use this DMR from treatment plant expansion

Permit Expires

December 31, 2014

Permit Application due

June 30, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Qua	lity or Concentra	rtion		NO.	Frequency OF		MPL
	Communication of the Control of the	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		TPE
Phosphorus as P	SAMPLE MEASUREMENT	1.3	XXXXX	LB/DAY	XXXXX	1.0	1.3		0	1/Week	2	4HC
	PERMIT REQUIREMENT	1.5	XXXXX	LB/DAY	XXXXXX	1.0	2.0	NGA		1/Week	2	4HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	19.0	260.0	COLH BOBBL	0	1/Week	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXXX	200 Geometric Mean	1000.0	SCOL/HOUSE.		1/Week	0	Srab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.9	XXXXX	XXXXX	MCAL	0	Daily	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxx	6.0	XXXXX	XXXXX	MGA.		Daily	G	Grab
pН	SAMPLE MEASUREMENT	XXXXX	XXXXXX	XXXX	7.0	XXXXX	7.6		0	Daily	C	Srab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	)0000X	9.0	STD UNITS		Dally	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	0.05	MOL	0	Daily	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	хххх	XXXXX	0.05	0.12	MGAL		Daily	0	3rab
	SAMPLE MEASUREMENT											
*	PERMIT REQUIREMENT			İ								
NAME/TITLE PRINCIPAL EXEC	CUTIVE OFFICER	AM SAMS IAD WITH T	NALTY OF LAW THAT I	WILLED HEGEW	AND BASED ON MY					TELEPHONE	c	DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	PENALTIES FOR SUB	NONDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. IAM AWARE TO MITTING FALSE INFOR	HAT THERE ARE MATION INCLUIC	SIGNIFICANT ONG THE POSSIBILITY					(610) 645-4215	2014	09
TYPED OR PR		OF FINE AND IMPRISE UNDER THESE STATE	DIMENT SEE 18 USC § JTES MAY INCLLIDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US (ES UP TO \$10,0	C # 1319, (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	NO

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

SEE SUPPLEMENT SHEETS

PAGE 4 OF 4



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**EXCURSION EXPLANATION** 

PA0050075

**ADDRESS** 

NAME

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

Willistown Woods STP

Little Washington Wastewater

Company: Willistown Township

PERMIT NUMBER

001 DISCHARGE NUMBER

**FACILITY** LOCATION

Willistown Township \*

CountyChester

WATERSHED 3G

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
14	08	01	то	14	08	31

#### Ammonia as N (05-01 to 10-31)

Explanations: We realized exceedances for monthly average loading and monthly average concentration for Ammonia with results of 1.4 lbs/day vs the permit limit of 1.3 lbs/day and 1.1 mg/L vs. 0.9 mg/L concentration. The plant has had difficulty recovering from the process upset reported in June and we have had difficulty in bringing up the mixed liquor volatile solids. Process samples submitted in August indicated that the process had insufficient MLVSS in both treatment trains. In response additional seed studge was brought to the plant and added to both process trains to increases the biomass. As a result effluent ammonia has been decreasing and as of 9/17 //14 the laboratory reported that effluent ammonia at 0.43 mg/L. We are closely monitoring this facility to ensure it is operated consistently within permit limits.



Willistown Woods STP

Facility Name:

### 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.

Month:

August

Year:

2014

nicipality:	Willistown To	wnship			County: Ch	ester		Permit N	o.: PA005007	75	
Violations of	Permit Effluent	Limitations*									
Date	Paramete	Permit r Limit	Units	Statistic	al Resu	It Units	Ca	use of Vic	olation	Corrective A	Action Taken
August	Ammonia as	6 N 0.9	mg/L	Monthly Average		mg/L			iquor volatile tment trains		dded to process se the biomass
August	Ammonia as	s N 1.3	lb/day	Monthly Average	1 14	lb/day			iquor volatile tment trains		dded to process se the biomass
anitary Sev	er Overflows an	nd Other Unaut	horized	Discharges	*						
	Substance Discharged	Location		Volume (gals)	Duration (hrs)	Receiving Waters	Impac Wat		Cause o	f Discharge	Date DEP Notified
ther Permit	Violations*										
☐ Sample	e collection less f	requent than re	quired		Explain						
	e type not in comp on of permit sche		mit		Explain						
Other	or pomile cono.	44.0			Explain						
Other		4			Explain		d:4: 1 - l-				
						ease attach ad			with a system	designed to assu	ure that qualifie
onnel gathe	r and evaluate t	he information	submitte	d. Based or	n my inquiry	of the person or	persons wh	о тападе	the system or	those persons dir	ectly responsib
										am aware that the C.S. § 4904 (rela	
	billitally laise in	normation, me	dding tii	e possibility	y or line and	i imprisoriment	ioi knowing	Violations	s. See To La.	0.0. 8 4304 (1011	ating to unswe
fication).	Prepared B	y: Gordon Mill	er				Signature:				



NAME

Little Washington Wastewater Company: Willistown Township

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** 

Route 3 Near Willistown Westtown Township

Willistown Township, Pennsylvania 19073

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township \* **CountyChester** 

WATERSHED 3G

PA0050075	
PERMIT NUMBER	

YEAR

14

001	
DISCHARGE	NUMBER
DISCHARGE	NUMBER

	MONITO	RING P	ERIOD			
MO	DAY		YEAR	MO	DAY	
08	01	TO	14	08	31	

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

#### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD6	Ammonia (NH3) as Nitrogen	
8/6/2014 8:30:00 AM	9.6000	20.0000	1.3000	2.8000	1.2000	
8/13/2014 8:30:00 AM	13,0000	1.0000	0.4800	3.7000	0.4300	
8/20/2014 8:30:00 AM	3.2000	26.0000	1.1000	2.0000	0.9400	
8/27/2014 8:30:00 AM	3,2000	260.0000	1.3000	2.2000	2.0000	



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

DISCHA	DCE	MONIT	SMIGO	REPORT	/DMD1

**MONITORING PERIOD** 

TO

DAY

01

YEAR

14

93	A	סכ	R	E:	SS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

09

YEAR

14

001 DISCHARGE NUMBER

MO

09

DAY

30

Reporting Frequency Monthly

DMR Effective From

March 1, 2014

DMR Effective To Permit Expires December 31, 2014

Permit Application due

December 31, 2014

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ation		NO.	OF		MPI YPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.0014	0.0021		xxxxx	xxxxx	xxxxx	)000X	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	7.0	XXXXX	7.5		0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.0	XXXXX	9.0	STD UNITS		Daily	(	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.1	XXXXX	xxxxx	MGAL	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.0	XXXXX	XXXXX	MGAL		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXX	хххх	xxxxx	0.03	0.05	MGA.	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	(	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	0.0	xxxxx	LB/DAY	xxxxx	2.6	xxxxx	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.0	XXXXX	LB/DAY	XXXXX	8.5	XXXXX	MG/L		1/Week	24HI	R Co	m
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.0	XXXXX	LB/DAY	xxxxx	12.0	XXXXX	MGAL		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH		MITTED HEREIN	AND BASED ON MY					TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, II ACCURATE AND COM PENALTIES FOR SUBI	BELIEVE THE SUBMITT PLETE, I AM AWARE TI	ED INFORMATION AT THERE ARE	ON IS TRUE, E SIGNIFICANT		L Crook			(610) 645-4215	2014	10	
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC § ITES MAY INCLUDE FIN	1001 AND 33 US VES UP TO \$10,0	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

	VITORING	

001

09

30

AL	DR	ESS

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

WATERSHED 3G

Willistown Township

Chester County

PER	MIT NU	MBER	DISCH	ARGE N	UMBER
		MONITORIN	IG PERIOD		
YEAR	MO	DAY	YEAR	MO	DAY

TO

14

PA0050075 A1

09

14

01

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

**DMR Effective To** 

December 31, 2014

**Permit Expires** 

December 31, 2014

Permit Application due

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	iG	Qua	lity or Concentra	ition		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	,	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	0.1	xxxxx	LB/DAY	xxxxx	5.3	xxxxx	MG/L	0	4/Month	24HI	R Co	mp
	PERMIT REQUIREMENT	25.0	XXXXX	LB/DAY	XXXXX	17.0	XXXXX	MGAL		1/Week	24HI	R Co	mp
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	XXXXX	6.0	22.0	COLTIOOML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.0	#COL/100MQL		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.0	XXXXX	LB/DAY	XXXXX	8.0	XXXXX	MG/L	0	4/Month	24HI	R Co	mp
10-31)	PERMIT REQUIREMENT	1.3	XXXXX	LB/DAY	XXXXX	0.9	XXXXX	MG/L		1/Week	24HI	R Co	mp
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0		24H	R Co	mp
04-30)	PERMIT REQUIREMENT	3.6	XXXXX	LB/DAY	XXXXX	2.5	XXXXX	MG/L		1/Week	24H1	R Co	mþ
Phosphorus as P	SAMPLE MEASUREMENT	0.0	XXXXX	LB/DAY	XXXXX	1.0	XXXXX	MG/L	1	4/Month	24H	R Co	mp
	PERMIT REQUIREMENT	1.5	XXXXX	LB/DAY	XXXXX	1.0	XXXXX	MG/L.		1/Week	24HI	R Co	шţ
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECU	ЛIVE OFFICER	AM FAMILIAD WITH T	NALTY OF LAW THAT I HE INFORMATION SUBI	ATTED HEDEIN	I AND BASED ON MY			-		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. I ACCURATE AND COM PENALTIES FOR SUB	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TO MITTING FALSE INFORI	ELY RESPONSII ED INFORMATII HAT THERE ARE MATION INCLUE	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY					(610) 645-4215	2014	10	2
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATI IMPRISONMENT OF B	MITTING FALSE INFORI ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	SC §1319. (PENALTIES 000 AND OR MAXIMUM	SIGNATUR	E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	Ds

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

PAGE 2 OF 2



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

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

DAY

01

YEAR

14

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

10

YEAR

14

001 **DISCHARGE NUMBER** 

MO

10

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

March 1, 2014

**DMR Effective To Permit Expires** 

December 31, 2014 December 31, 2014

Permit Application due

July 4, 2014

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 AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	¥.
Flow	SAMPLE MEASUREMENT	0.1294	0.1532		xxxxx	XXXXX	xxxxx	XXXX	0	Continuous	N	<b>/</b> leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.89	XXXXX	7.66		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.58	xxxxx	xxxxx	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.03	0.05	MGAL	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Daily	(	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.95	XXXXX	LB/DAY	xxxxx	2.70	xxxxx	MGAL	0	5/Month	24H	R Co	m
	PERMIT REQUIREMENT	12,00	XXXXX	LB/DAY	XXXXX	8.50	xxxxx	MGAL		1/Week	24HI	R Co	m
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0	0/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	xxxxx	LB/DAY	xxxxx	12.00	xxxxx	MG/L		1/Week	24H	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT I IE INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY					TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. II	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TO MITTING FAI SE INFORT	ED INFORMATION THE ARE	ON IS TRUE.					(610) 645-4215	2014	11	
TYPED OR PR	•	OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC &	1001 AND 33 US NES UP TO \$10.0	IC §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA		77	AREA CODE NUMBER	YEAR	мо	1



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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

01

YEAR

14

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

LOCATION V

Willistown Township
Chester County

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

MO

10

YEAR

14

001 DISCHARGE NUMBER

MO

10

DAY

31

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

DMR Effective To

December 31, 2014

Permit Expires

December 31, 2014

Permit Application due

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentra	ition		NO.	Frequency		MPL YPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	TPE	
Total Suspended Solids	SAMPLE MEASUREMENT	9.22	xxxxx	LB/DAY	xxxxx	8.16	xxxxx	MG/L	0	5/Month	24H	R Co	mp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	XXXXX	12.00	710.00	COL/100ML	0	13/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL7100ML		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.34	XXXXX	LB/DAY	XXXXX	0.31	XXXXX	MG/L	0	5/Month	24H	R Co	mp
0-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	mı
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MG/L		1/Week	24HI	R Co	m
Phosphorus as P	SAMPLE MEASUREMENT	0.78	XXXXX	LB/DAY	XXXXX	0.71	XXXXX	MG/L	0	5/Month	24H	R Co	mı
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	xxxxx	MGAL		1/Week	24HI	R Co	m
	SAMPLE MEASUREMENT									- <			
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	I CERTIFY UNDER PEI	VALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY					TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FALSE INFORI	AT THERE ARE	SIGNIFICANT					(610) 645-4215	2014	11	2
TYPED OR PRI		OF FINE AND IMPRISO LINDER THESE STATL IMPRISONMENT OF B	ONMENT SEE 18 USC § TTES MAY INCLUDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	DING THE POSSIBILITY C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	FAEY	MO	DA

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



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION

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

**MONITORING PERIOD** 

TO

DAY

01

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township Chester County

WATERSHED 3G

PA0050075 A1

MO

11

YEAR

14

**PERMIT NUMBER** 

001

YEAR

14

DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency

Monthly

**DMR Effective From** 

March 1, 2014

**DMR Effective To Permit Expires** 

December 31, 2014 December 31, 2014

Permit Application due

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.1251	0.1731		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	N	/leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	xxxxx	XXXXX	xxxx		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.78	XXXXX	7.26		0	30/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	XXXX	6.00	XXXXX	9.00	BTD UNITS		Daily	(	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	9.52	xxxxx	xxxxx	MG/L	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.06	0.14	MG/L	2	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	C	3rab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0 0/Month		24HR Com		m)
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	xxxxx	MG/L		1/Week	24HI	R Co	m
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.99	xxxxx	LB/DAY	XXXXX	4.05	xxxxx	MG/L	0	4/Month	24H	R Co	m
PERMIT 18.00 XXXXX		XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	mį	
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT II	AITTED HEREIN	AND BASED ON MY	9./				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. IT ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORI	ELY RESPONSIE ED INFORMATIO LAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nordo	n 21 Hill	عم		(610) 645-4215	2014	12	2
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFORI INMENT SEE 18 USC 9 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	D

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



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

WATERSHED 3G

Chester County

PA0050075 A1 PERMIT NUMBER

DAY

01

YEAR

14

MO

11

**MONITORING PERIOD** 

TO

YEAR

14

001 DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

**DMR Effective To Permit Expires** 

December 31, 2014 December 31, 2014

Permit Application due

July 4, 2014

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)		QUANTI	TY OR LOADIN	IG	Qual		NO.	Frequency OF	SAMP				
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis	1	TPE	60
Total Suspended Solids	SAMPLE MEASUREMENT	24.95	xxxxx	LB/DAY	XXXXX	25.67	xxxxx	MG/L	1	9/Month	24H	R Cc	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	207.00	7610.00	COL/100ML	5	10/Month	Gra		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Cc	mı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGAL		1/Week	24H	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.46	XXXXX	LB/DAY	XXXXX	0.47	XXXXX	NG/L	0	4/Month	24HR 24HR 24HR 24HR 24HR 24HR 24HR 24HR	R Cc	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Co		m
Phosphorus as P	SAMPLE MEASUREMENT	0.92	xxxxx	LB/DAY	XXXXX	0.94	XXXXX	1   9/Month	4/Month	24HR Com		m	
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR C		m
	SAMPLE MEASUREMENT							-					
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  (CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONAL AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN)			AND BASED ON MY	0.4				TELEPHONE	C	DATE			
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION, I ACCURATE AND COM PENALTIES FOR SUBI	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FALSE INFORI	ED INFORMATI HAT THERE ARE MATION INCLUDE	ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY					(610) 645-4215	2014	12	2
TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATE	ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS A	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	мо	D.		

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



### 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: Municipality:		Willistown Woods STP Willistown Township County: Chester							Month:	Month: November Year: Permit No.: PA0050075			
⊠ v	iolations of P	ermit Effluer	nt Limitations*										
	Date	Paramet	Permit ter Limit			Resi	ult	t Units	Cause of Violation			Corrective Action Taken Further monitoring and investigation of samples	
	November	Total Resi	1 1115	mg/L	Month! Averag	4 11116			Unknown; chlorine not used during the month of November				
	November	Total Resi	1 (112	0.12 mg/L		x 0.1	0.14		Unknown; chlorine not used during the month of November		Further monitoring and investigation of samples		
□ s	anitary Sewer	Overflows a	and Other Unau	thorized	Discharges	5*							
		bstance scharged	Location	Location		Duration (hrs)		eceiving Waters	Impact Water		Cause of	Discharge	Date DEP Notified
<b>□</b> 0	ther Permit V	iolations*				T							
			frequent than re			Explain							
		pe not in cor of permit sch	mpliance with pe edule	ermit		Explain Explain							
	Other	<b>F</b>				Explain							
	☐ Other					Explain	_						
l cei pers for g pena	tify under per onnel gather a athering the ir	nalty of law and evaluate aformation, t	the information the information	nent was submitted submitted	prepared ed. Based of d is, to the l	under my di on my inquiry best of my kr	rection of the nowled	n or super person or dge and be	vision in ac persons wh lief, true, ac	cordance voice and violations.	the system or to complete. I an See 18 Pa. 0	designed to assumed to assume the direct that the managed that the C.S. § 4904 (relations)	ctly responsible e are significant
		Prepared	By: Gordon Mi	ller					Signature:	Hodor	21 Miller		
		Title:	Assistant M	/lanager W	Vastewater				Date:	12/23/14			

# 3800-FM-BPNPSM0440 3/2012 Pennsylvania DEPARTMENT OF ENVIRONMENTAL FROTECTION

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

## NON-COMPLIANCE REPORTING FORM

Date	Facility Name:	: Willistown	Woods S	TP						Month:	Novemb	er	Yea	ır: <u>2014</u>
Date   Parameter   Limit   Units   Code   Result   Units   Cause of Violation   Corrective Action Tail	Municipality:	Willistown	Township				County: Ch	nester			Permit N	lo.: PA005007	5	
Date   Parameter   Limit   Units   Code   Result   Units   Cause of Violation   Corrective Action Tail		of Permit Efflu	ent Limita	ations*										
November   Fecal Colliform   200   100mL   Mean   207   100mL   Control issue with the UV feed pump   do not expect further is	Date	Param			Units			ult	Units	Ca	ause of Vi	olation	Corrective	Action Taken
Sanitary Sewer Overflows and Other Unauthorized Discharges*    Event   Substance   Date   Discharged   Location   Unauthorized Discharge   Unaut	Novemb	ber Fecal Co	liform	200			ric 207	7		Control iss	sue with the UV feed pump			
Event Date Discharged Location (gals) (hrs) Receiving Impact on Waters Cause of Discharge Not  Other Permit Violations*  Sample collection less frequent than required Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Explain Other Explain The space provided is not sufficient to record all information, please attach additional sheets.			liform	1000		Inst Ma	x 761	0		Control iss	sue with the UV feed pump		Control issue has been resolved; do not expect further issues	
Date Discharged Location (gals) (hrs) Waters Waters Cause of Discharge Not  Other Permit Violations*  Sample collection less frequent than required Explain Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Other Explain Strippin St	☐ Sanitary S	Sewer Overflows	and Oth	er Unaut	thorized	Discharges	s*							
Other Permit Violations*  Sample collection less frequent than required Explain Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Other Explain The space provided is not sufficient to record all information, please attach additional sheets.				Location								Cause of	Discharge	Date DEP Notified
Sample collection less frequent than required Explain Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Other Explain The space provided is not sufficient to record all information, please attach additional sheets.							,							
Sample collection less frequent than required Explain Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Other Explain The space provided is not sufficient to record all information, please attach additional sheets.														
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Sample type not in compliance with permit Explain Violation of permit schedule Explain Other Explain Other Explain The space provided is not sufficient to record all information, please attach additional sheets.	_		ss frequen	nt than re	auired		Evolain							
☐ Other		•			•									
Other Explain  *If the space provided is not sufficient to record all information, please attach additional sheets.	☐ Viola	ation of permit so	hedule				Explain							
*If the space provided is not sufficient to record all information, please attach additional sheets.								_						
							•		44 1 1	1144				
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 of personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly resp 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 sign penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unfalsification).	l certify under personnel gar for gathering penalties for	er penalty of law ther and evaluation,	v that this te the info the infon	s docum ormation mation s	ent was submitte submitted	prepared d. Based o is, to the t	under my di n my inquiry pest of my kr	rection of the nowled	n or super e person or dge and be	vision in ac persons whelief, true, a	cordance no manag ccurate ar violation	e the system or t nd complete. I a s. See 18 Pa. (	hose persons d m aware that th	irectly responsible ere are significant
Prepared By: Gordon Miller Signature: Mardon & Miller		Prepare	d By: _Go	ordon Mill	ег					Signature:	Mond	on 95 Miller		
Title: Assistant Manager Wastewater Date: 12/23/14		Title:	_As	ssistant M	anager W	astewater				Date:	12/23/1	4		



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

## NON-COMPLIANCE REPORTING FORM

Facility Name:	Willistown Wo	oods STP						Month:	November		Year	r: 2014
Municipality:	Willistown To	wnship			County: Ch	ester			Permit No	.: PA005007	5	
☑ Violations of	Permit Effluent	Limitations*										
Date	Paramete	Permit r Limit	Units	Statistic Code	10,000	ult	Units	Ca	use of Viol	ation	Corrective	Action Taken
November	Total Suspender Solids	d 17.0	mg/L	Monthl Averag		7	mg/L	Control iss	ue with the	JV feed pump	THE RESERVE OF STREET AND ADDRESS OF THE PROPERTY AND	as been resolved; ct further issues
☐ Sanitary Sew	ver Overflows ar	nd Other Unaut	horized	Discharge	s*							
	Substance Discharged	Location		Volume (gals)	Duration (hrs)		eceiving Waters	Impa Wat		Cause of	Discharge	Date DEP Notified
Other Permit	Violations*											
The state of the s	e collection less f	•	•		Explain							
	e type not in com on of permit sche		mit		Explain Explain							
☐ Other	on or permit some	aule			Explain	_						
☐ Other					Explain							
*If the space p I certify under p personnel gather for gathering the	penalty of law the rand evaluate to information, the	nat this docume he information s e information si	ent was submitte ubmitted	prepared ed. Based of is, to the l	mation, ple under my di n my inquiry best of my kr	rection of the nowled	n or super e person or dge and be	rvision in ac persons wh elief, true, ac	cordance voice manage courate and violations.	the system or t complete. I a See 18 Pa. (	those persons di m aware that the C.S. § 4904 (re	sure that qualified rectly responsible ere are significant lating to unsworn
	Prepared B	y: Gordon Mille	er					Signature:	Mord	lon Il Mile	es	
	Title:	Assistant Ma	anager V	/astewater				Date:	12/23/14			



Aqua Pennsylvania Wastewater,

Inc.

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

EYCI	IPSIO	N EXPL	ANA	TIO
	JRJIO	NEAL	_~!3/	

ADDRESS

LOCATION

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY V

Willistown Woods STP

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001 DISCHARGE NUMBER

MONITORING PERIOD

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

#### **Total Residual Chlorine**

Explanations: We realized and exceedance for TRC for both Monthly Average and instantaneous maximum with results for Monthly average of 0.06 mg/L vs the permit limit of 0.05 mg/L and instantaneous max of 0.14 mg/L vs the permit limit of 0.12 mg/L. Chlorine was not used at this facility during the month of November.

#### **Total Suspended Solids**

Explanations: We realized an exceedance for Total Suspended Solids with a result of 25.67 mg/L. We discovered a control issue with the UV feed pumps where both pumps were running at the same time causing excess flow through the clarifier and UV sterilizer. The control issues were resolved so that only one pump runs and flows are reduced.

#### **Fecal Coliform**

Explanations: We realized exceedances for Fecal Coliform for geometric mean with a result of 207 #col/100 mL and instantaneous max with a result of 7610 #col/100 mL vs the limit of 1,000 #col/100 mL. The cause was determined to be related to control issues with the UV feed pump where both pumps were running at the same time causing excessive flow through the clarifier and UV sterilizer. The control issue was resolved and we do not expect further issues.



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

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001 DISCHARGE NUMBER

		MONITO	RING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
14	11	01	TO	14	11	30

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

#### LABORATORY DATA

			27.201011			
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
11/5/2014 8:15:00 AM	45.0000	7610.0000	1.3000	5.2000	0.1000	
11/12/2014 9:15:00 AM	39.0000	1050.0000	1.3000	6.4000	0.6000	
11/17/2014 9:30:00 AM		2800.0000				
11/18/2014 9:30:00 AM	10.0000	16.0000				
11/19/2014 8:00:00 AM	15.0000	8.0000	0.7000	2.6000	0.5100	
11/21/2014 8:20:00 AM	25.0000	260.0000				
11/24/2014 10:45:00 AM	54.0000	3810.0000				
11/25/2014 8:30:00 AM	19.0000	21.0000				
11/26/2014 10:00:00 AM	11.0000	50.0000	0.4400	2.0000	0.6500	
11/28/2014 8:30:00 AM	13.0000	48.0000				



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

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1	
PERMIT NUMBER	

001
DISCHARGE NUMBER

		MONITO	RING F	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
14	11	01	TO	14	11	30

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

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
1/1/2014 10:55:00 AM	136601	705978200.0000	10.6400	7.1000	0.0400			
1/2/2014 8:00:00 AM	150512	706098200.0000	9.5200	7.1300	0.0300			
1/3/2014 10:10:00 AM	113308	706262300.0000	15.0000	6.9600	0.0100			
1/4/2014 9:00:00 AM	133461	706370100.0000	15.0000	7.1100	0.0100			
1/5/2014 8:00:00 AM	117209	706498000.0000	15.0000	7.0000	0.0500			
1/6/2014 9:05:00 AM	141912	706620500.0000	15.0000	7.0800	0.0500			
1/7/2014 12:40:00 PM	91239	706783600.0000	14.4800	7.1000	0.0500			
1/8/2014 9:00:00 AM	128165	706860900.0000	10.8600	7.2200	0.0500			
1/9/2014 9:15:00 AM	146262	706990400.0000	11.2100	7.1300	0.0600			
1/10/2014 12:50:00 PM	124836	707158500.0000	10.8500	7.1400	0.0400			
1/11/2014 11:00:00 AM	121888	707273800.0000	11.1500	7.0200	0.0800			
1/12/2014 9:15:00 AM	118722	707386800.0000	15.0000	6.9800	0.0700			
1/13/2014 8:25:00 AM	134134	707501400.0000	15.0000	7.0600	0.0500			
1/14/2014 8:30:00 AM	101620	707636000.0000	15.0000	7.0000	0.0500			
1/15/2014 10:50:00 AM	119531	707747500.0000	13.8700	6.9600	0.0400			
1/16/2014 9:00:00 AM	157796	707857900.0000	12.3600	7.0400	0.0300			
1/17/2014 8:50:00 AM	121258	708014600.0000	14.1500	6.9500	0.0600			



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

Willistown Woods STP

FACILITY

Willistown Township

CountyChester

WATERSHED 3G

PA0050	0075 A1
ERMIT	NUMBER

001
DISCHARGE NUMBER

		MONITO	PRING F	PERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
14	11	01	то	14	11	30

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

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
11/18/2014 9:00:00 AM	105371	708136700.0000	15.0000	6.8900	0.0300			
11/19/2014 6:00:00 AM	110133	708228900.0000	15.0000	7.0200	0.0600			
11/20/2014 9:00:00 AM	100075	708352800.0000	15.0000	7.0100	0.0700			
11/21/2014 8:10:00 AM	109626	708449400.0000	15.0000	6.9600	0.1100			
11/22/2014 10:00:00 AM	109165	708567400.0000	15.0000	7.1700	0.0500			
11/23/2014 8:40:00 AM	134719	708670500.0000	12.7900	7.2600	0.0600			
11/24/2014 9:45:00 AM	115305	708811300.0000	14.4800	7.1100	0.0500			
11/25/2014 8:30:00 AM	131262	708920600.0000	13.4100	6.7800	0.1000			
11/26/2014 10:30:00 AM	128892	709062800.0000	15.0000	6.9600	0.0900			
11/27/2014 6:50:00 AM	147155	709172000.0000	12.2500	7.0000	0.1400			
11/28/2014 6:25:00 AM	110066	709316600.0000	15.0000	6.9300	0.0900			
11/29/2014 10:00:00 AM	120240	709443100.0000	14.1100	7.0400	0.0700			
11/30/2014 9:20:00 AM	173100	709560000.0000	15.0000	7.0100	0.0800			



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

MONITORING	

MONITORING PERIOD

TO

YEAR

14

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

12

DAY

01

YEAR

14

001 DISCHARGE NUMBER

MO

12

DAY

31

Reporting Frequency Monthly

**DMR Effective From** 

March 1, 2014 December 31, 2014

July 4, 2014

DMR Effective To Permit Expires

December 31, 2014

Permit Application due

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	G	Quai	ity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.1198	0.1474		xxxxx	XXXXX	xxxxx	XXXX	0	Continuous	N	/leter	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	N	leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.77	xxxxx	7.60		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	8.44	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXXX	xxxx	XXXXX	0.07	0.17	MG/L	2	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	(	Grab	_
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGAL	0	0/Month	24H	R Co	n
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24H	R Co	п
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.91	XXXXX	LB/DAY	XXXXX	3.04	XXXXX	MG/L	0	5/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	xxxxx	12.00	XXXXX	MG/L		1/Week	24H	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	IALTY OF LAW THAT I I	ATTED HEREIN	AND BASED ON MY	4.	01.000	-		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COM PENALTIES FOR SUBM	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATION	ON IS TRUE, SIGNIFICANT		H Mille			(610) 645-4215	2015	01	
TYPED OR PRI		UNDER THESE STATU	NMENT SEE 18 USC § TES MAY INCLUDE FIN TWEEN 6 MONTHS AN	1001 AND 33 US SES UP TO \$10,0	61319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	t

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

PAGE 1 OF 2



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

#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

14

ADDRESS
ADDITESS

NAME

762 West Lançaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

MO

12

DAY

01

YEAR

14

001 DISCHARGE NUMBER

MO

12

DAY

31

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

DMR Effective To

December 31, 2014

Permit Expires

December 31, 2014

Permit Application due

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	Qua	lity or Concentra	ition		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	- Car
Total Suspended Solids	SAMPLE MEASUREMENT	11.70	XXXXX	LB/DAY	xxxxx	12.24	xxxxx	MGAL	0	5/Month	24H	R Cc	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGAL		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	100.00	950.00	COL/100ML	0	5/Month		Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Cc	mı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24H	R Co	mį
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.10	XXXXX	LB/DAY	XXXXX	0.10	xxxxx	MG/L	0	5/Month	24H	R Co	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGAL		1/Week	24H	R Co	m
Phosphorus as P	SAMPLE MEASUREMENT	0.49	XXXXX	LB/DAY	xxxxx	0.51	XXXXX	MG/L	0	5/Month	24H	R Cc	mı
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGAL		1/Week	24H	R Co	m
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT II HE INFORMATION SUBI	<b>WITTED HEREIN</b>	AND BASED ON MY	0.1	_	-		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION, IT ACCURATE AND COM PENALTIES FOR SUBI	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORT	ELY RESPONSII ED INFORMATIO HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY		mH Mil			(610) 645-4215	2015	01	
TYPED OR PRI	THE DALLEY AT MANAGEMENT	OF FINE AND IMPRISO UNDER THESE STATE	ONMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US JES UP TO \$10.0	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D.

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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

## NON-COMPLIANCE REPORTING FORM

cility Name:	Willistown Woo	ods STP					Month:	December		Year:	2014
unicipality:	Willistown Tow	/nship		(	County: Che	ester		Permit No.:	PA0050075		
Violations of	Permit Effluent L	_imitations*									
Date	Parameter	Permit Limit	Units	Statistic Code	al Resul	lt Units	Ca	use of Violat	ion	Corrective A	Action Taken
December	Total Residua Chlorine	o.05	mg/L	Monthly Average		mg/L		chlorine not u nonth of Dece			nitoring and n of samples
12/7,12/13, 12/20,12/21	Total Residua Chlorine	o.12	mg/L	Inst Ma	x 0.17	mg/L		chlorine not un nonth of Dece			nitoring and n of samples
Sanitary Sew	er Overflows and	d Other Unaut	horized	Discharges	*						
	Substance Discharged	Location		Volume (gals)	Duration (hrs)	Receiving Waters	Impac Wat		Cause of I	Discharge	Date DEP Notified
								1			
Other Permit	Violations*										
	collection less fre	4.5	•		Explain						
	type not in comp n of permit sched		mit		Explain Explain						
Other	n or permit sched	uic			Explain						
☐ Other					Explain						
	rovided is not									246 350 15	
	enalty of law that and evaluate the										
gathering the	information, the	information s	ubmitted	is, to the b	est of my kno	owledge and be	elief, true, ac	curate and c	omplete. I am	aware that the	re are significa
nalties for sub	minung laise iili	omiauon, inci	uuing tii	e hossiniiti	y or time and	mprisonnent	ioi kilowilly	VIOIGUOIIS.	Jee To Fa. O	.0. 3 7007 (161	ating to unawor
enalties for sub Isification).	Prepared By:	: Gordon Mill	er				Signature:	Hord	mHMU	lex	wile and a second



Aqua Pennsylvania Wastewater,

Inc.

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

**EXCURSION EXPLANATION** 

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

PA0050075 A1
PERMIT NUMBER

001 DISCHARGE NUMBER

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

		MONITO	DRING F	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
14	12	01	то	14	12	31

#### **Total Residual Chlorine**

Explanations: We realized and exceedance for TRC for both Monthly Average and instantaneous maximum with results for Monthly average of 0.07 mg/L vs the permit limit of 0.05 mg/L and instantaneous max of 0.17 mg/L vs the permit limit of 0.12 mg/L. Chlorine was not used at this facility during the month of December.



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

Willistown Woods STP

FACILITY LOCATION

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1	
PERMIT NUMBER	2

001 DISCHARGE NUMBER

		MONITO	RING F	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
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.

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
12/1/2014 12:00:00 PM	106313	709733100.0000	15.0000	7.0500	0.1000			
12/2/2014 9:20:00 AM	129172	709827600.0000	15.0000	6.9000	0.0100			
12/3/2014 10:35:00 AM	97106	709963500.0000	15.0000	6.7700	0.0100			
12/4/2014 9:00:00 AM	128499	710054200.0000	15.0000	7.4100	0.0900			
12/5/2014 12:15:00 PM	93462	710200100.0000	15.0000	7.2900	0.080.0			
12/6/2014 10:00:00 AM	127409	710284800.0000	15.0000	6.9700	0.1200			
12/7/2014 9:00:00 AM	143476	710406900.0000	15.0000	7.1300	0.1700			
12/8/2014 12:30:00 PM	114359	710571300.0000	15.0000	6.9900	0.0700			
12/9/2014 11:20:00 AM	123624	710680100.0000	15.0000	7.6000	0.0600			
12/10/2014 8:25:00 AM	105135	710788700.0000	15.0000	6.9400	0.0400			
12/11/2014 8:30:00 AM	110067	710894200.0000	15.0000	7.0600	0.0400			
12/12/2014 9:45:00 AM	113904	711010000.0000	15.0000	6.9400	0.0400			
12/13/2014 9:50:00 AM	124658	711124300.0000	15.0000	7.0600	0.1500			
12/14/2014 8:25:00 AM	146853	711241600.0000	15.0000	7.2700	0.0600			
12/15/2014 11:20:00 AM	101647	711406300.0000	15.0000	6.9600	0.0200			
12/16/2014 8:35:00 AM	115098	711496300.0000	15.0000	6.9900	0.1000			
2/17/2014 8:00:00 AM	117794	711608600.0000	15.0000	7.0800	0.0200			



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

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

PA0050	0075 A1
PERMIT	NUMBER

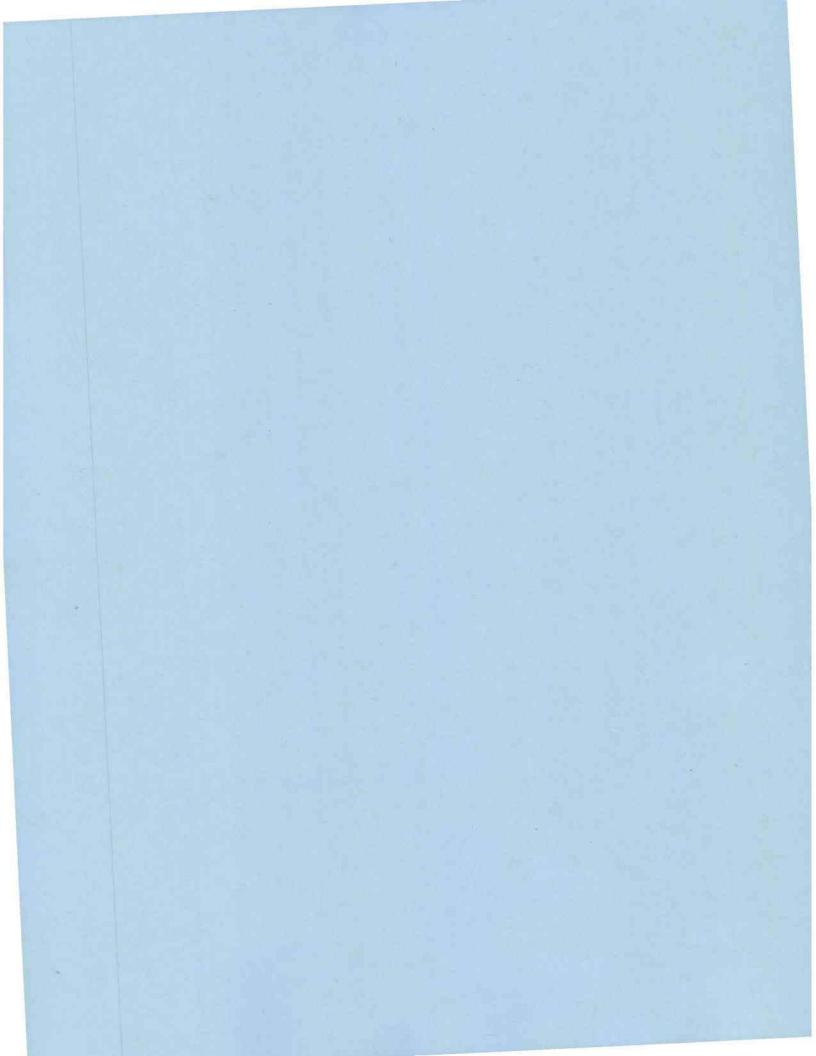
001
DISCHARGE NUMBER

		MONITO	DRING F	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
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.

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
4040004440500044	44000	74474000 0000						
12/18/2014 10:50:00 AM	110383	711740300.0000	15.0000	7.0400	0.0400			
12/19/2014 10:45:00 AM	97636	711850300.0000	15.0000	6.8900	0.1000			
12/20/2014 8:45:00 AM	123748	711939800.0000	15.0000	7.0700	0.1400			
12/21/2014 8:20:00 AM	147435	712061400.0000	15.0000	7.0900	0.1700			
12/22/2014 11:35:00 AM	104613	712228800.0000	15.0000	6.9600	0.1000			
12/23/2014 8:40:00 AM	131449	712320700.0000	15.0000	7.0100	0.1000			
12/24/2014 9:20:00 AM	133498	712455800.0000	15.0000	6.9000	0.0900			
12/25/2014 7:30:00 AM	127025	712579100.0000	15.0000	7.0500	0.0400			
12/26/2014 8:40:00 AM	127487	712712300.0000	15.0000	6.9400	0.0600			
12/27/2014 9:05:00 AM	125349	712842000.0000	15.0000	7.1600	0.0100			
12/28/2014 11:20:00 AM	139785	712979100.0000	8.4400	7.4800	0.0100			
12/29/2014 11:15:00 AM	118069	713118400.0000	12.1200	7.2300	0.0300			
12/30/2014 9:00:00 AM	119435	713225400.0000	12.1200	7.1600	0.0200			
12/31/2014 10:30:00 AM	109800	713352300.0000	12.6500	7.0700	0.0100			





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

MECHAD	CE MC	NITORING	DEDODT	/DMD

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

MO

01

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

01

DAY

31

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

DMR Effective To Permit Expires December 31, 2014

- CHIRLEADINGS

December 31, 2014

Permit Application due

July 4, 2014

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 AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		176	
Flow	SAMPLE MEASUREMENT	0.1230	0.1644		xxxxx	xxxxx	xxxxx	XXXX	0	Continuous	N	<b>deter</b>	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	xxxxx	XXXXX	XXXXX	XXXX		Continuous	N	/leter	
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.73	XXXXX	7.24		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	8.28	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	xxxxx	0.05	0.14	MG/L	1	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	(	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		xxxxx	MG/L	0	0/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	xxxxx	MG/L		1/Week	24H	R Co	m
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.70	XXXXX	LB/DAY	XXXXX	4.28	xxxxx	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	xxxxx	MG/L		1/Week	24H	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I	HAVE PERSONA	ALLY EXAMINED AND AND BASED ON MY					TELEPHONE	Г	DATE	
Thomas A. Cicala Superintendant: Wastewater		INQUIRY OF THOSE IN THE INFORMATION, IT ACCURATE AND COM PENALTIES FOR SUBI	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TI MITTING FALSE INFOR	ELY RESPONSIF ED INFORMATION HAT THERE ARE MATION INCLUDE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT DING THE POSSIBILITY		m4 Mil			(610) 645-4215	2015	02	
TYPED OR PR	- CONTROL OF CONTROL O	OF FINE AND IMPRISO UNDER THESE STATU	INMENT SEE 18 USC 5 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US VES UP TO \$10,0	C §1319. (PENALTIES		RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

DISCHA	RGF MONI	TORING	REPORT	(DMR)

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township

Chester County

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

01

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

01

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

March 1, 2014

**DMR Effective To Permit Expires** 

December 31, 2014

December 31, 2014 July 4, 2014

Permit Application due

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	ity or Concentra	ntion		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	'	YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	16.77	XXXXX	LB/DAY	XXXXX	19.25	xxxxx	MG/L	1	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	7.00	8600.00	COL/100ML	2	14/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	3rab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0		24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24H	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	1.58	xxxxx	LB/DAY	xxxxx	1.95	XXXXX	MGAL	0	4/Month	24H	R Co	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MG/L		1/Week	24H	R Co	<b>.</b>
Phosphorus as P	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.62	XXXXX	MGAL	0	4/Month	24H	R Co	n
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24H	R Co	ı
	SAMPLE MEASUREMENT												Ī
	PERMIT REQUIREMENT							1 1					
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT II	AITTED HEREIN	AND BASED ON MY	0,				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION LE	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSI ED INFORMATION NAT THERE ARE	BLE FOR OBTAINING		on H Mil		T11./C	(610) 645-4215	2015	0.2	
TYPED OR PRI		UNDER THESE STATU	NMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	IES UP TO \$10.0	C §1319 (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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

## NON-COMPLIANCE REPORTING FORM

y Name:	Willistown V	Voods STP						Month:	January		Year	2015
ipality:	Willistown T	Township			County: Che	ester			Permit N	lo.: PA005007	5	
olations of P	ermit Effluer	nt Limitations*										
Date	Paramet		Units	CONTRACTOR OF STAN	DATE OF THE PARTY	lt	Units	Car	use of Vi	olation	Corrective A	Action Taken
January			mg/L			}	mg/L		cess flow	overloaded the	with addition	transfer pumps al flow control rements
1/7, 1/22	Fecal Colif	form 1000	# col / 100mL	Inst Ma	x 8600	)	# col / 100mL	Due to hi	igh TSS c	concentration		ion cause/action ove
nitary Sewe	r Overflows	and Other Unau	uthorized	Discharge	s*							
		Locatio	n	Volume (gals)	Duration (hrs)					Cause of	Discharge	Date DEP Notified
				1,5								
her Permit V	/lolations*											
☐ Sample	collection less	s frequent than re	equired		Explain							
	• •		ermit									
	or permit son	isquie										
ify under pe nnel gather othering the i ties for sub-	nalty of law and evaluate information, t	that this docur the information the information	ment was n submitte submitted	prepared ed. Based of I is, to the l	under my dire on my inquiry o best of my kno	ection of the owled	n or super e person or dge and be	rvision in acc r persons who elief, true, acc	cordance o manage curate an violations	e the system or t nd complete. I a s. See 18 Pa. (	hose persons dir m aware that the C.S. § 4904 (rela	ectly responsible re are significant
	Prepared	By: Gordon Mi	iller					Signature	27	andon 477	10000	
	to some a production of	Structivity	III CI					Signature.		000111111	aur	
	January  1/7, 1/22  Initary Sewe Event Sonate Di  Sample of Violation Other Other e space printing under pennel gather atthering the interpretation of the content of the c	Date Paramet  January Solids  1/7, 1/22 Fecal Coli  nitary Sewer Overflows  Event Substance Date Discharged  her Permit Violations*  Sample collection less Sample type not in co Violation of permit sch Other Other e space provided is r ify under penalty of law nnel gather and evaluate atthering the information, it ties for submitting false cation).	Date Parameter Limitations*  Date Parameter Limit  January Suspended Solids  1/7, 1/22 Fecal Coliform 1000  Initary Sewer Overflows and Other Unautery Substance Date Discharged Location  Sample collection less frequent than respondent to the sample type not in compliance with personal contents of permit schedule other other espace provided is not sufficient ify under penalty of law that this document gather and evaluate the information thering the information, the information, incompliance information, inco	Date Parameter Limit Units  Total Suspended Solids  1/7, 1/22 Fecal Coliform 1000 # col / 100mL  Initary Sewer Overflows and Other Unauthorized  Event Substance Date Discharged Location  Sample collection less frequent than required Sample type not in compliance with permit Violation of permit schedule Other  Other Other e space provided is not sufficient to recordify under penalty of law that this document was not gather and evaluate the information submitted the information, including the cation).	Date Parameter Limit Units Code  Total January Suspended Solids  1/7, 1/22 Fecal Coliform 1000 #col / 100mL Inst Maintary Sewer Overflows and Other Unauthorized Discharged  Event Date Discharged Location (gals)  her Permit Violations*  Sample collection less frequent than required Sample type not in compliance with permit Violation of permit schedule Other Other  e space provided is not sufficient to record all information gather and evaluate the information submitted. Based on the information submitted is, to the lities for submitting false information, including the possibilities for submitting false information, including the possibilities.	Date Parameter Limit Units Code Result Institutions*  Date Parameter Limit Units Code Result Institutions*  Date Parameter Limit Units Code Result Institutions*  Date Total Suspended 17.0 mg/L Average 19.3 Solids Inst Max 8600 Institutions*  1/7, 1/22 Fecal Coliform 1000 # col / 100mL Inst Max 8600 Institutions*  Event Substance Discharged Location Volume (gals) Duration (hrs)  Parameter Limit Units Code Result Institution Inst Max 8600 Institution Inst Max 8600 Institution Institu	Date Parameter Limit Units Code Result    Date   Parameter   Limit   Units   Statistical Code   Result	Date   Parameter   Limit   Units   Code   Result   Units     January   Suspended   Solids   17.0   mg/L   Average   19.3   mg/L     1/7, 1/22   Fecal Coliform   1000   # col / 100mL   Inst Max   8600   # col / 100mL     Initary Sewer Overflows and Other Unauthorized Discharges*    Event   Substance   Location   Volume   Qals   Quration   Receiving     Sample collection less frequent than required   Explain     Sample type not in compliance with permit   Explain     Violation of permit schedule   Explain     Other   Other   Explain     Other   Other   Other   Other     Samce provided is not sufficient to record all information, please attach actify under penalty of law that this document was prepared under my direction or super not information, the information submitted. Based on my inquiry of the person of theiring the information, the information submitted is, to the best of my knowledge and bites for submitting false information, including the possibility of fine and imprisonment cation).	Date	pality: Willistown Township County: Chester Permit Notations of Permit Effluent Limitations*    Date   Parameter   Limit   Units   Code   Result   Units   Cause of Vi	Date Parameter Limit Units Code Result Units Cause of Violation  January Supended Solids 17.0 mg/L Monthly Average 19.3 mg/L Supended Solids 17.0 mg/L Monthly Average 19.3 mg/L Supended Solids 17.0 mg/L Monthly Average 19.3 mg/L Due to high TSS concentration  Interpretation 1000 # col / 100mL Inst Max 8600 # col / 100mL Due to high TSS concentration  Date Discharged Location Volume Duration Receiving Impact on Waters Cause of Violations  Event Discharged Location Volume Explain Sample type not in compliance with permit Explain Other Explain Sample type not in compliance with permit Explain Sample type not in compliance with permit Explain Other Explain Substance Other Explain Substance Other Explain Sample flag and that this document was prepared under my direction or supervision in accordance with a system or thering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I a ties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6 cause of my inquiry of the person or persons who manage the system or thering the information, the information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6 cause of my inquiry of the person or persons who manage the system or the ring the information, the information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6 cause of my inquiry of the person or persons who manage the system or the ring the information, the information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6 cause of my inquiry of the person or persons who manage the system or the ring the information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6 cause of my inquiry of the person or persons who manage the system or the ring the information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. 6	Date Parameter Limit Units Cause of Violation Corrective Willistown Township County: Chester Permit No.: PA0050075  Date Parameter Limit Units Cause of Violation Corrective With addition Suspended 17.0 mg/L Monthly Average 19.3 mg/L Mechanical issues with raw pumping Average Violation Solids Violation *  Event Substance Discharged Location Volume (gals) (hrs) Waters Waters Cause of Discharge  Event Sample collection less frequent than required Sample type not in compliance with permit Explain Sample type not in compliance with permit Explain Cher Cher Cause of Discharge Violation of permit schedule Explain Cher Cher Cause of Discharge Violation of permit schedule Cher Cause Of Discharge Violation of Permit Violations of Part Violation of Permit Violation of Permit Violation of Permit Violations Violation of Permit Violation o



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

## NON-COMPLIANCE REPORTING FORM

Faci	lity Name:	Willistown	Woods STF	P						Month:	January		Year:	2015
Mun	icipality:	Willistown	Township			(	County:	Chest	ter		Permit N	o.: PA005007	75	
⊠ v	iolations of	Permit Efflue	ent Limitation	ions*										
Γ	Date	Parame	100	ermit _imit	Units	Statistic Code	al	Result	Units	C	ause of Vic	olation	Corrective A	ction Taken
	1/8, 1/9	Total Res	sidual	0.12	mg/L	Inst Max	×	0.14	mg/L	No chlo	orine is use	ed; possible efering with till unknown	Further monitoring testing r	ng to find a new
s	Sanitary Sew	er Overflows	and Other	r Unaut	horized	Discharges	s*							
		Substance Sischarged	Lo	cation	**	Volume (gals)	Durat (hrs		Receiving Waters		ct on ters	Cause o	f Discharge	Date DEP Notified
	Other Permit	Violations*												
	☐ Sample	collection les	ss frequent t	than rec	quired		Ex	plain					x	
	-	type not in co		with peri	mit			plain _						
		n of permit so	chedule					plain _						
	☐ Other ☐ Other							plain <u> </u>						
* f +		rovided is	not suffic	cient to	n recor	d all infor		_	se attach ad	lditional sl	heets			
l ce pers for g pen:	rtify under p sonnel gather gathering the	enalty of lave and evaluate information,	v that this the the information the information.	documentation station station	ent was submitte ubmitted	prepared of ed. Based of this, to the b	under r n my in pest of	my directiquiry of my know	tion or super the person or vledge and be	vision in ac persons whelief, true, ac	cordance no manage ccurate an	the system or did complete. I a	designed to assur those persons dire am aware that then C.S. § 4904 (rela	ctly responsible e are significant
	•	Prepare	d By: _Gord	don Mille	er					Signature:	_2/0	don HM	iller	
		Title:	Assis	istant Ma	anager V	/astewater				Date:	2/26/15			



Inc.

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

#### **EXCURSION EXPLANATION**

ΔΓ	DF	ZES	22

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater.

Willistown Woods STP

PA0050075 A1 PERMIT NUMBER

001 **DISCHARGE NUMBER** 

LOCATION

**FACILITY** 

Willistown Township

CountyChester

WATERSHED 3G

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

#### **Total Residual Chlorine**

Explanations: We reported an exceedance for Total Residual Chlorine Instantaneous maximum. This facility does not use any chlorine in the process and we began to dechlorinate the effluent with sodium sulfite after the chlorine was first detected. It was later verified by our laboratory that the effluent actually was free of chlorine despite the field measurements. The meter used by the operator to measure residual chlorine was determined to be falsely measuring chlorine due to an unknown compound interfering with the measurement. We are working to find a testing method that will properly measure chlorine residual.

#### **Total Suspended Solids**

Explanations: We experienced exceedances for TSS monthly average concentration and Fecal coliform instantaneous maximum. The TSS exceedance was caused by mechanical issues related to the raw transfer pumping system which was causing excess flow to pass through train 2 which overloaded the clarifier causing the TSS exceedance. The raw transfer pumps are being rebuilt in February with additional flow control improvements being added.

#### **Fecal Coliform**

Explanations: We realized two Fecal Coliform Instantaneous maximum exceedance with results on 1/7/15 of 8.600 #col/100 mL and on 1/22/15 with a result of 2,160 #col/100 mL due to the high TSS concentration.



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

Willistown Woods STP FACILITY

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

001 DISCHARGE NUMBER

MONITORING PERIOD

	MONTONIO I ZNOD										
YEAR	МО	DAY		YEAR	MO	DAY					
15	01	01	TO	15	01	31					
				-11-							

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	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
1/7/2015 10:00:00 AM	13.0000	8600.0000	0.4600	3.6000	5.2000	
1/12/2015 8:30:00 AM		1.0000				
1/14/2015 9:00:00 AM	15.0000	75.0000	0.6600	3.2000	0.2100	
1/15/2015 8:00:00 AM		1.0000				
1/16/2015 8:00:00 AM		7.0000				
1/20/2015 8:30:00 AM		1.0000				
1/21/2015 9:00:00 AM	22.0000	2.0000	0.6800	4.4000	0.1900	
1/22/2015 8:15:00 AM		2160.0000				
1/23/2015 9:00:00 AM		1.0000				
1/26/2015 7:45:00 AM		5.0000				
1/27/2015 9:00:00 AM		1.0000				
1/28/2015 9:00:00 AM	27.0000	3.0000	0.6700	5.9000	2.2000	
1/29/2015 8:00:00 AM		1.0000				
1/30/2015 9:00:00 AM		1.0000				



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

Willistown Woods STP

FACILITY

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

		MONITO	DRING F	PERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
15	01	01	то	15	01	31

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

#### FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
1/1/2015 9:20:00 AM	127872	713462100.0000	12.5700	7.0100	0.0300	28	0.0	
1/2/2015 10:20:00 AM	108460	713595300.0000	14.5500	7.0100	0.0300	34	0.0	
1/3/2015 9:50:00 AM	137211	713701500.0000	13.6800	7.2100	0.0200	35	0.2	
1/4/2015 9:10:00 AM	159173	713834900.0000	13.1100	7.2400	0.0500	42	0.0	
/5/2015 10:00:00 AM	107652	713999600.0000	13,4000	7.1300	0.0600	33	0.2	
/6/2015 10:10:00 AM	105939	714108000.0000	15.0000	7.1700	0.0700	30	0.1	
/7/2015 9:45:00 AM	94865	714212100.0000	15.0000	7.1400	0.0800	23	0.0	
/8/2015 9:00:00 AM	103699	714304000.0000	15.0000	7.0100	0.1300	21	0.2	
/9/2015 9:50:00 AM	105174	714411300.0000	15.0000	7.1600	0.1400	35	0.0	
/10/2015 10:15:00 AM	113407	714518300.0000	15.0000	7.1500	0.0600	15	0.0	
/11/2015 9:00:00 AM	138781	714625800.0000	15.0000	7.1300	0.0500	18	0.1	
/12/2015 10:45:00 AM	109422	714774700.0000	15.0000	6.9600	0.0200	35	0.0	
/13/2015 8:41:00 AM	125896	714874700.0000	15.0000	7.1600	0.0400	31	0.0	
/14/2015 7:45:00 AM	116408	714995700.0000	15.0000	7.0100	0.0300	19	0.0	
/15/2015 9:35:00 AM	120691	715121000.0000	15.0000	7.0500	0.0400	30	0.0	
/16/2015 7:00:00 AM	117044	715228700.0000	15.0000	6.9000	0.0400	26	0.0	
/17/2015 10:20:00 AM	134943	715362000.0000	15.0000	7.0800	0.0100	21	0.2	



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)

### **DATA FOR MONTHLY AVERAGES**

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION

Willistown Township
CountyChester

WATERSHED 3G

PA0050	075 A1
PERMIT	NUMBER

001	
DISCHARGE NUMBER	

		MONITO	RING F	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
15	01	01	то	15	01	31

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

#### FIELD AND WEATHER DATA

						5. 51 B.S. S		
Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation	
1/18/2015 9:55:00 AM	164383	715494600.0000	15.0000	7.1100	0.0500	33	0,0	
1/19/2015 9:35:00 AM	162436	715656700.0000	15.0000	6.9600	0.0700	32	0.0	
1/20/2015 7:35:00 AM	124054	715805600.0000	15.0000	7.0600	0.0500	34	0.0	
1/21/2015 8:15:00 AM	108800	715933100.0000	15.0000	6.9600	0.0800	32	0.1	
1/22/2015 8:15:00 AM	119967	716041900.0000	9.9200	7.2000	0.0400	33	0.0	
1/23/2015 8:25:00 AM	112386	716162700.0000	9.4900	7.0300	0.0200	28	1.0	
1/24/2015 10:00:00 AM	132076	716282500.0000	9.0800	6.7300	0.0300	34	0.0	
1/25/2015 9:45:00 AM	150014	716413200.0000	9.6000	7.1400	0.0600	38	0.2	
1/26/2015 6:30:00 AM	128121	716542900.0000	9.2500	7.0200	0.0100	28	0.2	
1/27/2015 6:50:00 AM	129685	716672800.0000	9.7100	6.8900	0.0400	30	0.0	
1/28/2015 11:10:00 AM	98888	716825900.0000	9.4900	7.0000	0.0200	28	0.0	
1/29/2015 6:00:00 AM	120330	716903500.0000	8.6400	7.2100	0.0400	21	0.0	
1/30/2015 8:40:00 AM	113495	717037200.0000	9.2800	6.8400	0.0500	30	0.0	
I/31/2015 10:00:00 AM	0	717157000.0000	8.2900	6.9700	0.0600	17	0.0	



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)** 

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township Chester County

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

02

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

02

DAY

28

Reporting Frequency **DMR Effective From** 

Monthly

**DMR Effective To** 

March 1, 2014 December 31, 2014

Permit Expires

December 31, 2014

Permit Application due

July 4, 2014

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 AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Flow	SAMPLE MEASUREMENT	0.1284	0.1578		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	N	Vieter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	xxxxx	ххох		Continuous	N	Meter
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.36	XXXXX	7.27		0	28/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	8.38	XXXXX	XXXXX	MG/L	0	28/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	xxxxx	xxxxx	MGAL		Daily	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.09	MG/L	0	28/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Daily	(	Grab
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0	0/Month	24Hi	R Co
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	xxxxx	MG/L		1/Week	24HI	R Co
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.65	xxxxx	LB/DAY	xxxxx	2.45	XXXXX	MG/L	0	4/Month	24H	IR Co
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY					TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION II	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FALSE INFORT	ED INFORMATION	ON IS TRUE, SIGNIFICANT	Horo		(610) 645-4215	2015	03		
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	МО

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

PAGE 1 OF 2



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

#### **DISCHARGE MONITORING REPORT (DMR)**

**MONITORING PERIOD** 

TO

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 A1 PERMIT NUMBER

MO

02

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

02

YEAR

15

DAY

28

Reporting Frequency

Monthly

DMR Effective From

March 1, 2014

DMR Effective To

December 31, 2014

Permit Expires

December 31, 2014

Permit Application due

July 4, 2014

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Suspended Solids	SAMPLE MEASUREMENT	19.50	xxxxx	LB/DAY	xxxxx	17.95	XXXXX	MG/L	1	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	п
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	XXXXX	4.00	280.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	m
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGAL		1/Week	24H	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	3.57	XXXXX	LB/DAY	XXXXX	3.44	XXXXX	MG/L	1	8/Month	24H	R Co	n
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MGAL		1/Week	24H	R Co	m
Phosphorus as P	SAMPLE MEASUREMENT	0.40	XXXXX	LB/DAY	XXXXX	0.37	XXXXXX	MG/L	0	4/Month	24H	R Co	n
	PERMIT REQUIREMENT	1.50	xxxxx	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24H	R Co	n
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												_
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I HE INFORMATION SUBI	MITTED HÉRÉIN	AND BASED ON MY	0.				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. I	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. I AM AWARE TI MITTING FALSE INFOR DIMENT SEE 18 USC §	ED INFORMATION	ON IS TRUE, SIGNIFICANT	Hordon H Millen				(610) 645-4215	2015	03	
TYPED OR PRI		UNDER THESE STATE	ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AI	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 2 OF 2

# 3800-FM-BPNPSM0440 3/2012 Pennsylvania DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

### NON-COMPLIANCE REPORTING FORM

Facil	lity Name:	Willistown	Woods	STP						Month:	February	1	Year:	2015
Muni	icipality:	Willistown	Townsh	nip			County: Cl	nester			Permit N	o.: PA005007	5	
⊠v	iolations of F	Permit Efflue	ent Limi	tations*										
	Date	Parame	ator	Permit Limit	Units	Statistic	al Res	ult	Units	Ca	use of Vic	olation	Corrective A	ction Taken
H	Date	Tota		Lilling	Onna			uit	Units	Alarma Ara a			Rebuilding raw	
	February	Suspen Solid	ded	17.0	mg/L	Monthly Average		0	mg/L			ausing excess the clarifier	with additional	al flow control
	February	Ammo	nia	2.5	mg/L	Monthly Average		4	mg/L		cal issues causing excess erload nitrification process		Working to co control system	
□s	anitary Sewe	er Overflows	and Ot	her Unaut	horized	Discharges	<b>)*</b>							
	The Control of the Co	ubstance ischarged		Location		Volume (gals)	Duration (hrs)	70.00	Receiving Waters	Impa Wat	ct on ters	Cause of	Discharge	Date DEP Notified
						1,5/	(1111)							
h														<del>                                     </del>
L														
	other Permit	/iolations*												
	☐ Sample	collection les	ss freque	ent than re	quired		Explain							
		type not in c		ce with per	mit		Explain							
		of permit so	hedule				Explain							
	Other						Explain							
*15.4	Other						Explain	+	44 1 1	1144 1 - 1				
pers for g	onnel gather pathering the alties for sub	enalty of lav and evaluat information,	v that the in the info	nis docum formation ormation s	ent was submitte ubmitted	prepared of the based of the ba	under my din n my inquiry pest of my k	rection of the nowle	on or super e person or edge and be	vision in ac persons whelief, true, ac	cordance no manage ccurate an	e the system or t id complete. I a	designed to assu hose persons dire m aware that ther C.S. § 4904 (rela	ectly responsible re are significant
falsi	fication).	Denne	d Dur.	Cordon Mill	0.5					Signature	L	edon H Mi	100-	
			_	Gordon Mill						Signature:		900011 ///	KYOR.	
		Title:	-	Assistant M	anager V	/astewater				Date:	3/26/15			



Inc.

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

#### **EXCURSION EXPLANATION**

-		_	0	•	

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

FACILITY

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001

DISCHARGE NUMBER

		MONITO	PRING F	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
15	02	01	TO	15	02	28

#### **Total Suspended Solids**

Explanations: We realized an exceedance for Total Suspended Solids concentration with a result of 17.95 vs the permit limit of 17.0 mg/L. The exceedance was caused by mechanical issues that are causing the majority of flow to pass through one train overloading the clarifier. We have rebuilt the feed pumps and are working to complete a flow control system to resolve this issue.

#### Ammonia as N (11-01 to 04-30)

Explanations: We realized an exceedance for Ammonia Nitrogen with a result of 3.44 mg/L vs the permit limit of 2.5 mg/L. The exceedance was caused by mechanical issues that are resulting in the majority of flow to pass through one process train overloading that trains ability to completely nitrify the ammonia load. We are working to complete a flow control system to resolve this issue.



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**

001

DISCHARGE NUMBER

DAY

28

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

CountyChester WATERSHED 3G

Willistown Township

MONITORING PERIOD YEAR YEAR MO MO DAY TO 15 02 15 02 01

PA0050075 A1

**PERMIT NUMBER** 

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	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
2/4/2015 8:00:00 AM	8.8000	1.0000	0.3000	2.8000	1.4000	
2/11/2015 9:00:00 AM	8.0000	280.0000	0.2800	2.3000	1.2000	
2/18/2015 9:00:00 AM	10.0000	1.0000	0.4200	2.3000	1.1000	
2/23/2015 10:00:00 AM					4.2000	
2/24/2015 9:30:00 AM	45.0000		0.4900	2.4000	5.1000	
2/25/2015 10:00:00 AM					4.6000	
2/26/2015 9:30:00 AM		1.0000			5.9000	
2/27/2015 9:00:00 AM					4.0000	



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

DISCHA	ADGE MO	NITORING	DEDADT	(DMD)

MONITORING PERIOD

TO

YEAR

15

DAY

01

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 A3

MO

03

YEAR

15

001 DISCHARGE NUMBER

MO

03

DAY

31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To Permit Expires November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

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	5	YPE
Flow	SAMPLE MEASUREMENT	0.1334	0.1610		xxxxx	xxxxx	xxxxx	XXXX	0	Continuous	Me	asure
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	Mea	asure
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.25	XXXXX	6.90		0	31/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	xxxxx	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	8.10	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	xxxxx	XXXXX	MG/L		Daily	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.04	0.08	MG/L	0	8/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Daily	(	Grab
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	189.82	XXXXX	LB/DAY	XXXXX	166.00 XXXXX	XXXXX	MG/L	0	2/Month	24H	IR Com
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		xxxxx	MG/L	0	0/Month	24H	R Co
	PERMIT REQUIREMENT	12.00			XXXXX	8.50	xxxxx	MG/L		1/Week	24HI	R Co
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	(ALTY OF LAW THAT I	ATTTED HEREIN	AND BASED ON MY	01				TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COM PENALTIES FOR SUBI	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TO	ELY RESPONSI ED INFORMATI AT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT			iller		(610) 645-4215	2015	04
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

						(DMR	

**MONITORING PERIOD** 

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willisto

Willistown Township
Chester County

WATERSHED 3G

PA0050075 A3
PERMIT NUMBER

MO

03

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

03

DAY

31

Reporting Frequency M

Monthly

DMR Effective From

December 1, 2014

DMR Effective To Permit Expires November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

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 AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	4.40	xxxxx	LB/DAY	xxxxx	3.95	xxxxx	MG/L	0	4/Month	24HI	R Co	
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	
Total Suspended Solids	SAMPLE MEASUREMENT	9.77	xxxxx	LB/DAY	XXXXX	8.60	xxxxx	MG/L	0	4/Month	24HI	R Co	
	PERMIT REQUIREMENT	25.00	xxxxx	LB/DAY	XXXXX	17.00	xxxxx	MGAL		1/Week	24HI	R Co	
Total Suspended Solids	SAMPLE MEASUREMENT	174.96	XXXXX	LB/DAY	XXXXX	158.00	xxxxx	MG/L	0	2/Month	24H	R Co	
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	2.00	6.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	XXXXX	200 Geometric Mean	1000.00	NCOL/100ME		1/Week	(	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		xxxxx	MGAL	0		24H	R Co	
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	XXXXX	MG/L		1/Week	24HI	R Co	
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	2.53	XXXXX	LB/DAY	xxxxx	2.33	XXXXX	MG/L	0	4/Month	24H	R Co	
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	xxxxx	MG/L		1/Week	24HI	R Co	
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	0.		-		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I	OVIDUALS IMMEDIATE BELIEVE THE SUBMITT BUTTE LAM AWARE TO	ELY RESPONSI ED INFORMATION AND LANGE AND LANG	BLE FOR OBTAINING ON IS TRUE,	Nora	on H 77,			(610) 645-4215	2015	04	
TYPED OR PRI		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 EXECUTIV OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	MO			

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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

NISCHARGE	MONITORING	REPORT	(DMR)

**MONITORING PERIOD** 

TO

YEAR

15

-	AD	DR	ES	S

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

LOCATION Willistown Township

Chester County
WATERSHED 3G

PA0050075 A3
PERMIT NUMBER

MO

03

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

03

DAY

31

Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	G	Qual	ity or Concentr	ation		NO.	Frequency		MPLI	
Total Phoenhorus		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.80	xxxxx	LB/DAY	xxxxx	0.70	xxxxx	MG/L	0	4/Month	24H	R Cor	nı
	PERMIT REQUIREMENT	1.50	xxxxx	LB/DAY	xxxxx	1.00	XXXXX	MG/L		1/Week	24H	R Cor	nţ
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							1					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							1					
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PE AM FAMILIAR WITH TI	RTIFY UNDER PENALTY OF LAW THAT I HAVE PERSO FAMILIAR WITH THE INFORMATION SUBMITTED HER		ALLY EXAMINED AND AND BASED ON MY	0,				TELEPHONE		DATE	
Thomas A. Cicala	tor Operations	THE INFORMATION I	NIDIVIDUALS IMMEDIAT RELIEVE THE SLIBMITT	ELY RESPONSI	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY C §1319. (PENALTIES	Now	don HT	Mille	vz_	(610) 645-4215	2015	04	2
Superintendant: Wastewat TYPED OR F		UNDER THESE STATE	MITTING FALSE INFOR ONMENT SEE 18 USC § JTES MAY INCLUDE FII ETWEEN 6 MONTHS A	IES UP 10 \$10,0	C §1319. (PENALTIES 000 AND OR MAXIMUM		RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS

PAGE 3 OF 2



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

## NON-COMPLIANCE REPORTING FORM

Facility Na	ame:	Willistown Wo	ods STP						Month:	March		Year	2015
Municipal	ity:	Willistown Tov	wnship			County: Ch	ester			Permit N	o.: PA005007	5	
☐ Violati	ions of Pe	ermit Effluent l	Limitations*										
	Date	Parameter	Permit Limit	Units	Statistic Code	5 - 5000	ılt	Units	Cau	use of Vic	olation	Corrective	Action Taken
☐ Sanita	ıry Sewer	Overflows an	d Other Unaut	thorized	Discharge	s*							
Eve Dat		bstance charged	Location		Volume (gals)	Duration (hrs)		eiving iters	Impac Wate		Cause of	f Discharge	Date DEP Notified
Other	Permit Vi	olations*			77								
$\boxtimes$	Sample o	ollection less fr	equent than re	quired		Explain	CBOD	5 (Influent	t) - 2 missed	; TSS (Inf	luent) - 2 missec	i	
	And the second second second second	pe not in comp		mit		Explain							
님	Other	of permit sched	iule			Explain Explain							
	Other					Explain							
*If the s	pace pro	ovided is no	t sufficient t	o recor	d all infor	mation, ple	ease at	tach add	litional sh	eets.			
													ure that qualified
for gathe	ring the ir	nformation, the	information s	ubmitted	d is, to the l	best of my kr	nowledge	e and beli	ief, true, acc	curate an	d complete. I a	m aware that the	rectly responsible ere are significant ating to unsworn
iaisiiicalii	O(1).	Prepared By	y: Gordon Mill	ег					Signature:	Ha	adon HM	Viller	
		Title:	Assistant M		Vactowater				Date:	4/26/15			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
VATIONAL POLITICANT DISCUSSES ELIMINATION SYSTEM (AIRDES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

DAY

01

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

04

YEAR

15

001 DISCHARGE NUMBER

MO

04

DAY

30

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To Permit Expires November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

7 or (1) '(2) 5'

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentr	ation		NO.	Frequency		MPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Flow	SAMPLE MEASUREMENT	0.1336	0.1717		xxxxx	xxxxx	xxxxx	XXXX	0	Continuous	Mea	asure
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	хохох		Continuous	Mea	sure
pH	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.10	xxxxx	6.84		0	30/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	0	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.28	XXXXX	XXXXX	MG/L	0	30/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	0	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	30/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	0	Srab
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	142.79	xxxxx	LB/DAY	xxxxx	131.50	xxxxx	MG/L	0	4/Month	24HI	R Co
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	xxxxx	LB/DAY	XXXXX	REPORT MONTHLY	xxxxx	MG/L		1/Week	24HF	R Co
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0	0/Month	24HI	R Co
	PERMIT REQUIREMENT	12.00			XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH		AITTED HEREIN	AND BASED ON MY	2				TELEPHONE	С	ATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION LE ACCURATE AND COM PENALTIES FOR SUBM	PLETE, I AM AWARE TH	ED INFORMATION	ON IS TRUE, SIGNIFICANT	Norde		eller		(610) 645-4215	2015	05
TYPED OR PR		UNDER THESE STATU	NIMENT SEE 18 USC & TES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



Inc.

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

DIŞ	CHARGE	MONITORING	KEPOKI	(DMK)

DAY

01

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

04

YEAR

15

001 DISCHARGE NUMBER

MO

04

DAY

30

Reporting Frequency Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency	SAMPL
	P	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	TYPE
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.89	xxxxx	LB/DAY	xxxxx	3.58	xxxxx	MG/L	0	5/Month	24HR Cor
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXXX	12.00	XXXXX	MG/L		1/Week	24HR Cor
Total Suspended Solids	SAMPLE MEASUREMENT	12.57	XXXXX	LB/DAY	XXXXX	11.52	XXXXX	MG/L	0	5/Month	24HR Cor
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Cor
Total Suspended Solids	SAMPLE MEASUREMENT	272.97	xxxxx	LB/DAY	XXXXX	246.00	XXXXX	MG/L	0	4/Month	24HR Cor
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HR Cor
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXXX	3.00	11.00	COL/100ML	0	5/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	200 Geometric Mean	1000.00	#COL/100ML		1/Week	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0		24HR Cor
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Cor
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	3.56	XXXXX	LB/DAY	XXXXX	3.15	XXXXX	MG/L	1	5/Month	24HR Cor
04-30)	PERMIT REQUIREMENT	3.60	xxxxx	LB/DAY	xxxxx	2.50	xxxxx	MG/L		1/Week	24HR Cor
NAME/TITLE PRINCIPAL EXECT	ЛIVE OFFICER	I CERTIFY UNDER PER AM FAMILIAR WITH TH INQUIRY OF THOSE IN	NALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	0,		-		TELEPHONE	DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COM PENALTIES FOR SUBI	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATION AT THERE ARE	ON IS TRUE, ESIGNIFICANT		m H M			(610) 645-4215	2015 05
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU	ING FACSE INFORMATION OF SECTION	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES 000 AND OR MAXIMUM	00.00-00.000 900-000 0	E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR MO

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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

**MONITORING PERIOD** 

TO

YEAR

15

IIIO.	— DISCHARGE MONITORING REPORT (DMR)
Aqua Pennsylvania Wastewater, Inc.	BUREAU OF WATER STANDARD AND FACILITY REGU NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTE

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

04

DAY

01

001 DISCHARGE NUMBER

MO

04

DAY

30

Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Qual	ity or Concentr	ation		NO.	Frequency		MPL	
14 ( 150) by (150) (50)		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	'	TYPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.68	xxxxx	LB/DAY	xxxxx	0.61	xxxxx	MGAL	0	5/Month	24H	IR Co	np
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	xxxxx	MG/L		1/Week	24H	R Co	np
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												_
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXE	L EXECUTIVE OFFICER  I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PER AM FAMILIAR WITH THE INFORMATION SUBMITTED HI		HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	01				TELEPHONE	1	DATE		
Thomas A. Cicala	or Operations	AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN A INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBILITHE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SECURATE AND		ON IS TRUE,	Noro	lon HM	iller		(610) 645-4215	2015	05	2	
Superintendant: Wastewat  TYPED OR P		OF FINE AND IMPRISO UNDER THESE STATL IMPRISONMENT OF B	MITTING PALSE INFORT DAMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	MATION INCLUE 1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	C §1319, (PENALTIES 300 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHORI			AREA CODE NUMBER	YEAR	МО	DA

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

SEE SUPPLEMENT SHEETS

PAGE 3 OF 2



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

## NON-COMPLIANCE REPORTING FORM

Faci	lity Name:	Willistown	Woods \$	STP						Month:	April		Үеаг:	2015
Mur	icipality:	Willistown	Townshi	ip			County: Cl	hester			Permit N	lo.: PA005007	5	
⊠ <b>\</b>	/iolations	of Permit Efflu	ent Limit	tations*										
	Date	Param	eter	Permit Limit	Units	Statistic Code	al Res	ult	Units	Ca	use of Vi	olation	Corrective A	ction Taken
	April	Ammo	nia	2.5	mg/L	Monthly Average		2	mg/L		oxygen tr eration sy	ransfer from the ystem	Working to refurt system; exp compliance	ect to be in
	Sanitary S	ewer Overflows	and Ot	her Unaut	thorized	Discharges	*							
	Event Date	Substance Discharged		Location		Volume (gals)	Duration (hrs)		eceiving Waters	Impa Wat		Cause of	f Discharge	Date DEP Notified
	Other Perr	nit Violations*												
	☐ Sam	ple collection les	ss freque	ent than re	quired		Explain							
	☐ Sam	ple type not in c	ompliand	e with per	mit		Explain							
	☐ Viola	ation of permit so	chedule				Explain							
	☐ Othe						Explain							
The same of the sa	☐ Othe						Explain							
pers for g	ertify unde sonnel gat gathering	ther and evaluat the information,	v that the te the info the info	nis docum formation ormation s	ent was submitte ubmitted	prepared of the based of the ba	under my d n my inquiry pest of my k	irection of the nowless	n or super e person or dge and be	vision in ac persons wh elief, true, ac	cordance o manage curate ar violation	e the system or t nd complete. I a s. See 18 Pa.	designed to assu those persons dire m aware that ther C.S. § 4904 (rela	ectly responsible e are significant
		Prepare	d By: _G	Sordon Mill	er					Signature:	_2	tordon H 71	Aller	
		Title:	A	Assistant M	anager V	/astewater				Date:	_5/26/15			



Inc.

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

**EXCURSION EXPLANATION** 

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

Willistown Woods STP

FACILITY

CountyChester

Willistown Township LOCATION

WATERSHED 3G

PA0050075 (A3) PERMIT NUMBER

001 DISCHARGE NUMBER

04

DAY

30

**MONITORING PERIOD** YEAR MO YEAR MO DAY TO 15

#### Ammonia as N (11-01 to 04-30)

Explanations: We realized an exceedance in effluent ammonia nitrogen concentration with a result of 3.2 mg/L vs the permit limit of 2.5 mg/L. We believe the exceedance was caused by insufficient oxygen transfer from the aeration system. We are currently working to refurbish the aeration system and we believe this will bring the facility back in to compliance.

01

04

15



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

PA0050075 PERMIT NUMBER 001
DISCHARGE NUMBER

**FACILITY** 

Willistown Woods STP

LOCATION W

Willistown Township
CountyChester

WATERSHED 3G

	_	

		MOMIT			
YEAR	MO	DAY			
15	04	01			

 MONITORING PERIOD

 DAY
 YEAR
 MO
 DAY

 01
 TO
 15
 04
 30

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

#### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
4/1/2015 9:00:00 AM	8.8000	8.0000	0.5700	5.2000	7.1000	
4/8/2015 9:00:00 AM	16.0000	1.0000	1.3000	3.4000	4.5000	
4/15/2015 9:10:00 AM	26.0000		0.5900	3.2000	3.6000	
4/17/2015 9:00:00 AM		1.0000				
4/22/2015 9:30:00 AM	2.8000	11.0000	0.2300	2.2000	0.1000	
4/29/2015 9:50:00 AM	4.0000	5.0000	0.3700	3.9000	0.4700	



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCUA BOS ELIMINATION SYSTEM (NEDES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

05

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YEAR

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001 DISCHARGE NUMBER

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Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

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	
Flow	SAMPLE MEASUREMENT	0.1426	0.2280		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	Me	asure	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXXX	XXXXX	xxxx		Continuous	Mea	asur	≱d
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.22	XXXXXX	7.48		0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	0	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.20	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.05	0.12	MG/L		Daily	(	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	211.14	XXXXX	LB/DAY	XXXXX	165.20	XXXXX	MG/L	0	5/Month	24H	R Co	mı
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.33	XXXXX	LB/DAY	xxxxx	2.70	XXXXX	MG/L	0	5/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	XXXXX	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I HE INFORMATION SUBI	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	0				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION, II	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORI	ED INFORMATION	ON IS TRUE, SIGNIFICANT		on HM			(610) 645-4215	2015	06	,
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	ONMENT SEE 18 USC 5 JTES MAY INCLUDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US VES UP TO \$10,0	C §1319, (PENALTIES		RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

DISCHARG	SE MONITO	ADING DE	POPT	DMD
DISCHARG	3E MUNIIL	JKING KC	PURI	UNIK

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

05

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

05

DAY

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Reporting Frequency

Monthly

DMR Effective From

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NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency OF		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		YPE	copp.
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	5.95	XXXXX	LB/DAY	XXXXX	4.72	XXXXX	MG/L	0	5/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	xxxxx	17.00	XXXXX	MG/L		1/Week	24HI	R Cc	m
Total Suspended Solids	SAMPLE MEASUREMENT	260.73	xxxxx	LB/DAY	XXXXX	201.60	XXXXX	MG/L	0	5/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Cc	m
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	xxxxx	5.00	54.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	2.31	xxxxx	LB/DAY	XXXXX	2.07	XXXXX	MG/L	2	5/Month	24H	R Co	ım
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	xxxxx	MG/L		1/Week	24HI	R Cc	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	xxxxx	MG/L		1/Week	24HI	R Cc	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	VALTY OF LAW THAT I IE INFORMATION SUBI	HAVE PERSONA WITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	0.	G			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION, IT ACCURATE AND COM PENALTIES FOR SUBJ	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TI MITTING FALSE INFORI	ELY RESPONSIE ED INFORMATK HAT THERE ARE MATION INCLUD	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY		on HM	4782-01-		(610) 645-4215	2015	06	
TYPED OR PRI		UNIDER THESE STATU	ONMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS A	1001 AND 33 US NES UP TO \$10,0	C \$1319. (PENALTIES 100 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	1

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

SEE SUPPLEMENT SHEETS



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

DISCHAR	GE MONITORI	NG REPORT	(DMR)

MONITORING PERIOD

TO

YEAR

15

AD	DF	Œ:	SS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

Willistown Township LOCATION

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

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001 DISCHARGE NUMBER

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Reporting Frequency

Monthly

**DMR Effective From** 

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**DMR Effective To Permit Expires** 

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Parameter		QUANT	ITY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency OF		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		TPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.92	xxxxx	LB/DAY	xxxxx	0.73	xxxxx	MG/L	0	5/Month	24H	R Coi	np
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	XXXXX	MG/L		1/Week	24HI	R Co	nţ
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT										1		
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HE INFORMATION SUBI	HAVE PERSONA WITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	0.	0.40			TELEPHONE	E	DATE	
Thomas A. Cicala Superintendant: Wastewa	ter Operations		HE INFORMATION SUBI NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFOR				on 24 71			(610) 645-4215	2015	06	2
TYPED OR F		OF FINE AND IMPRISO UNDER THESE STATI IMPRISONMENT OF B	MITTING FALSE INFORI DNMENT SEE 18 USC \$ JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AR	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	C §1319, (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHORI			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:	Willistown	Woods STP					Month: N	/lay		Year:	2015
Municipality:	Willistown	Township			County: Che	ester	F	Permit N	o.: PA005007	5	
⊠ Violations	of Permit Efflue	nt Limitations*									
Date	Parame	Permit eter Limit	Units	Statistica Code	al Resu	lt Units	Caus	se of Vic	olation	Corrective A	Action Taken
May	Ammo	nia 0.9	mg/L	Monthly Average	1 21	mg/L	aer	ation sy			bish the aeration n mid-July
May	Ammo	nia 1.3	lb/day	Monthly Average	/ / /	lb/day		xygen tra ation sy	ansfer from the stem		bish the aeration n mid-July
☐ Sanitary S	sewer Overflows	and Other Unaut	thorized	Discharges	*						
Event Date	Substance Discharged	Location		Volume (gals)	Duration (hrs)	Receiving Waters	Impact Water		Cause of	f Discharge	Date DEP Notified
										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other Peri	mit Violations*										
		s frequent than re			Explain Explain						
	ation of permit sc		IIIUL		Explain			_			
☐ Othe	•				Explain						
☐ Othe	er				Explain						
l certify unde personnel gat for gathering	er penalty of law ther and evaluat the information,	e the information the information s	nent was submitte submitted	prepared under the based or the	mation, ple under my din my inquiry e est of my kn	ection or super of the person or owledge and be	rvision in acco r persons who elief, true, accu for knowing vi	rdance manage irate an iolations	e the system or to d complete. I a s. See 18 Pa. (	designed to assume those persons dir maware that the C.S. § 4904 (related)	ectly responsible re are significan
	Prepared	d By: Gordon Mill	ler		- 460		Signature:	Ho	rdon H M	iller	
	Title:	Assistant M	lanager W	/astewater			Date:	6/26/15			



Inc.

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

**EXCURSION EXPLANATION** 

A	-		_	0	-
Δ		 ×	-		-

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

Willistown Woods STP

PA0050075 (A3) **PERMIT NUMBER** 

001 DISCHARGE NUMBER

**FACILITY** LOCATION

Willistown Township

CountyChester

WATERSHED 3G

		MONITO	RING F	PERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
15	05	01	то	15	05	31

#### Ammonia as N (05-01 to 10-31)

Explanations: We realized an exceedance for Ammonia Nitrogen concentration and mass loading with results of 2.07 mg/l and 2.21 lb/day compared with the permit limits of 0.9 mg/l and 1.3 lb/day, respectively. The excursion was the result of insufficient oxygen transfer in the process tanks caused by deficiencies in the aeration system. Refurbishment of the aeration system which includes replacement of the aeration diffuser grid assembly is scheduled for mid-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

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

Willistown Township LOCATION

CountyChester

WATERSHED 3G

PA0050075
PERMIT NUMBER

001 DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
15	05	01	то	15	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.

#### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
5/6/2015 9:30:00 AM	3.2000	1.0000	0.6100	3.1000	5.7000	
5/13/2015 9:00:00 AM	5.2000	1.0000	0.6200	2.0000	1.6000	
5/20/2015 10:30:00 AM	5.2000	8.0000	0.6500	2.5000	0.6600	
5/28/2015 9:00:00 AM	4.4000	54.0000	1.1000	2.2000	0.4900	
5/29/2015 9:00:00 AM	5.6000		0.6900	3.7000	1.9000	



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

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County
WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

06

DAY

01

YEAR

15

001
DISCHARGE NUMBER

MO

06

DAY

30

Reporting Frequency

DMR Effective From

DMR Effective To

Monthly

om December 1, 2014

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

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 AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TPE	
Flow	SAMPLE MEASUREMENT	0.1526	0.2785		xxxxx	xxxxx	XXXXX	XXXX	0	Continuous	Ме	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	Mea	asur	ed
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.17	XXXXX	7.11		0	30/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.75	XXXXXX	XXXXX	MG/L	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.05	0.12	MGAL		Daily	(	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	193.17	XXXXX	LB/DAY	XXXXX	147.75	XXXXX	MG/L	0	4/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	mj
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	5.22	XXXXX	LB/DAY	XXXXX	4.03	XXXXX	MG/L	0	4/Month	24H	R Co	ımı
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	xxxxx	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	VALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY					TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION, I I	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ED INFORMATION	ON IS TRUE,					(610) 645-4215	2015	07	2
TYPED OR PRI		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	INTING PALSE INFORM INMENT SEE 18 USC § ITES 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		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	10

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

SEE SUPPLEMENT SHEETS



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

DNAL POLLUTANT DISCHARGE ELIMINATION SYSTEM	ł
DISCHARGE MONITORING REPORT (DMR)	

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

LOCATION \_

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

06

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

06

DAY

30

Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

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		MPI YPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis	'	TPE
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MGAL	0	0/Month	24HI	R Co
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	₹ Cc
Total Suspended Solids	SAMPLE MEASUREMENT	20.47	XXXXX	LB/DAY	xxxxx	16.50	XXXXX	MG/L	0	4/Month	24H	R C
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co
Total Suspended Solids	SAMPLE MEASUREMENT	379.49	XXXXX	LB/DAY	xxxxx	280.00	XXXXX	MG/L	0	4/Month	24H	R Co
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	₹ C c
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	XXXXX	6.00	20.00	COL/100ML	0	4/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.92	XXXXX	LB/DAY	XXXXX	0.68	XXXXX	MG/L	0	10/Month	24H	R Co
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R C
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	XXXXX	MG/L		1/Week	24HI	R Ca
NAME/TITLE PRINCIPAL EXECT	JTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY					TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I	DIVIDUALS IMMEDIATE SELIEVE THE SUBMITT PLETE LAM AWARE TO	ELY RESPONSI ED INFORMATION OF THE PROPERTY OF	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	0101147717	E OF PRINCIP	N EVECUS	TD / C	(610) 645-4215	2015	07
TYPED OR PRI		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US IES UP TO \$10,0 ID 5 YEARS.)	C §1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS



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

#### **DISCHARGE MONITORING REPORT (DMR)**

MONITORING PERIOD

TO

DAY

01

YEAR

15

Δ	n	וח	RI	F	SS	

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY Willistown Woods STP

Diyii Mawi, Felinsylvan

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

06

YEAR

15

001 DISCHARGE NUMBER

MO

06

DAY

30

Reporting Frequency

Monthly

DMR Effective From DMR Effective To December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Quali	tv or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Phosphorus	SAMPLE MEASUREMENT	1.06	xxxxx	LB/DAY	xxxxx	0.82	xxxxx	MG/L	0	10/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	xxxxx	MG/L		1/Week	24H	R Co	mţ
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT						Ji						
	PERMIT REQUIREMENT	10							====				
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PE AM FAMILIAR WITH TO	NALTY OF LAW THAT I HE INFORMATION SUBI NOIVIDUALS IMMEDIAT	HAVE PERSONA MITTED HEREIN	LLY EXAMINED AND AND BASED ON MY		4			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewat	ter Operations	THE INFORMATION, I	BELIEVE THE SUBMITT	ED INFORMATION AND ARE	ON IS TRUE,					(610) 645-4215	2015	67	2
TYPED OR F		OF FINE AND IMPRISO UNDER THESE STATI IMPRISONMENT OF B	MITTING FALSE INFORI ONMENT SEE 18 USC § JTES MAY INCLUDE FIN JETWEEN 6 MONTHS A	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	C §1319. (PENALTIES 00 AND OR MAXIMUM		RE OF PRINCIPA R OR AUTHORI			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 WATER STANDARD AND FACILITY REGULATION

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

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

Aqua Pennsylvania Wastewater, 762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

07

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

07

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To Permit Expires

November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	iG	Quai	ity or Concentr	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.0898	0.1243		xxxxx	XXXXX	xxxxx	XXXX	0	Continuous	Mea	asure	èd
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	xxxxx	XXXXX	xxxx		Continuous	Mea	asur	be
pH	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	6.14	XXXXX	7.43		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.01	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	xxxxx	xxxxx	MG/L		Daily	0	3rab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	XXXXX	0.00	0.00	MGAL	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MGAL		Daily	0	Grab	_
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	74.43	xxxxx	LB/DAY	XXXXX	108.40	XXXXX	MGAL	0	5/Month	24HI	R Cc	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	XXXXX	MG/L		1/Week	24H	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.11	XXXXX	LB/DAY	XXXXX	3.06	XXXXX	MG/L	0	5/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24H	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	VALTY OF LAW THAT IT	ATTED HEREIN	AND BASED ON MY	0				TELEPHONE	D	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COMI PENALTIES FOR SUBN	BELIEVE THE SUBMITT PLETE. I AM AWARE TH MITTING FALSE INFORM	ED INFORMATION HAT THERE ARE MATION INCLUDE	ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY			iller		(610) 645-4215	2015	680	1
TYPED OR PR		OF FINE AND IMPRISO	NIMENT SEE 18 USC §	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D.

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

PAGE 1 OF 2



COMMONWEALTH OF PENNSYLVANIA **DEPARTMENT OF ENVIRONMENTAL PROTECTION** BUREAU OF WATER STANDARD AND FACILITY REGULATION

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

MONITORING PERIOD

TO

YEAR

15

DAY

01

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

07

YEAR

15

001 DISCHARGE NUMBER

MO

07

DAY

31

Reporting Frequency

Monthly

**DMR Effective From DMR Effective To** 

December 1, 2014 November 30, 2019

**Permit Expires** 

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

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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		TPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0	0/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HF	₹ Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	5.26	XXXXX	LB/DAY	XXXXX	7.63	XXXXX	MG/L	0	6/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEAŞUREMENT	137.36	XXXXX	LB/DAY	XXXXX	200.40	XXXXX	MG/L	0	5/Month	24HI	R Cc	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	XXXXX	MGAL	-	1/Week	24HI	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	9.00	120.00	COL/100ML	0	5/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	1.60	XXXXX	LB/DAY	XXXXX	2.25	XXXXX	MG/L	2	6/Month	24H	R Cc	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	xxxxx	MG/L		1/Week	24HI	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0		24H	R Cc	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I IE INFORMATION SUBI	HAVE PERSONA	ALLY EXAMINED AND AND BASED ON MY			'		TELEPHONE	c	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. IT ACCURATE AND COM PENALTIES FOR SUBM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TI MITTING FALSE INFORT	ELY RESPONSI ED INFORMATION HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY		on HM			(610) 645-4215	2015	08	
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU	NIMENT SEE 18 USC §	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	C

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



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

					ING			

MONITORING PERIOD

TO

DAY

01

YEAR

15

AL	DR	ES	22

**FACILITY** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

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Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To
Permit Expires

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June 3, 2019

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Parameter		QUANTI	ITY OR LOADIN	IG	Quali	ity or Concentr	ation		NO.	Frequency		MPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Phosphorus	SAMPLE MEASUREMENT	0.32	xxxxx	LB/DAY	xxxxx	0.47	xxxxx	MG/L	0	6/Month	24H	R Cor
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGAL		1/Week	24HI	R Con
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT						1.60					
	PERMIT REQUIREMENT			1 1								
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I HE INFORMATION SUB	MITTED HEREIN	AND BASED ON MY	0.			1	TELEPHONE	t	DATE
Thomas A. Cicala Superintendant: Wastewa	ter Onerations	ACCURATE AND COM	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITI IPLETE. I AM AWARE TI MITTING FAI SE INFOR	HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY		don HM			(610) 645-4215	2015	08
TYPED OR F		OF FINE AND IMPRISO UNDER THESE STATE	ONMENT SEE 18 USC § JTES MAY INCLUDE FIT JETWEEN 6 MONTHS AL	1001 AND 33 US VES UP TO \$10.0	IC §1319. (PENALTIES 000 AND OR MAXIMUM		RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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 Municip		Willistown Willistown					County	: Ches	ster	_	Month:	July Permit N	o.: PA00500	075	Year:	2015
⊠ Viol	ations of Po	ermit Efflue	nt Limit	ations*												
	Date	Parame	ter	Permit Limit	Units	Statistic Code		Result		Units	Ca	ause of Vic	olation	Correc	tive Ac	tion Taken
	July	Ammor	nia	0.9	mg/L	Monthly Average		2.3		mg/L		t oxygen tra aeration sy	ansfer from the stem	July; in co	mplianc	em by end of e through Aug.
	July	Ammor	nia	1.3	lb/day	Monthly Average		1.6		lb/day		t oxygen tra aeration sy	ansfer from the stem			em by end of e through Aug.
☐ San	itary Sewer	Overflows	and Otl	ner Unaut	horized	Discharges	s*									
		bstance charged		Location		Volume (gals)	Dura (hr	(==)=(=()=(		eceiving Vaters		ct on ters	Cause	of Discharge		Date DEP Notified
											,					
☐ Othe	er Permit V	iolations*														
		ollection les						cplain _								
		pe not in co		e with pen	mit			oplain – oplain							_	
	Other							oplain _								
	• 1 - 1 - 1 - 1 - 1 - 1 - 1							oplain _								
I certify persons for gath	y under per nel gather a hering the in es for subn	nalty of law and evaluate nformation, nitting false	that the the the info	is docume ormation s rmation s	ent was submitte ubmitted uding the	prepared of the based of the ba	under n my ir pest of	my dire nquiry of my kno	ction f the wled	person or p lge and beli isonment fo	ision in ac persons wheel, true, a	ccordance no manage ccurate an violations	the system o d complete. I	r those perso am aware th . C.S. § 4904	ns direc at there	e that qualified tly responsible are significant ng to unsworn
		Prepared		ssistant Ma		lastewater					Date:	8/26/15	<u> </u>	"HULLER		
		ride,		OGIGICAL IVIC	anager vv	actorrate					240.	0,20,10				



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

#### **EXCURSION EXPLANATION**

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township

CountyChester

WATERSHED 3G

PA0050075 (A3)
PERMIT NUMBER

001 DISCHARGE NUMBER

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

#### Ammonia as N (05-01 to 10-31)

Explanations: We realized an excursion for Ammonia Nitrogen with a result of 2.5 mg/l vs the permit limit of 0.9 mg/l. During July, Aqua engaged in a project to completely refurbish the aeration system and realized positive results with August ammonia results well within the permit limit. Recent laboratory results for ammonia were 0.65 mg/L (8/5/15) and 0.17 mg/l on 8/12.



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** 

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA0050075	
PERMIT NUMBER	

	001
0	ISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
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

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
7/1/2015 9:00:00 AM	0.8000	1,0000	0.4700	2.0000	0.5000	
7/8/2015 10:00:00 AM	11.0000	120,0000	0.5500	3.5000	0.1800	
7/15/2015 8:00:00 AM	4.4000	5.0000	0.5300	2.8000	0.8100	
7/22/2015 9:30:00 AM	13.0000		0.6400	3.8000	0.8300	
7/23/2015 9:30:00 AM		12.0000				
7/29/2015 10:05:00 AM	11.0000		0.3700	3.2000	2.4000	
7/30/2015 9:15:00 AM			0.2500		8.8000	
7/31/2015 6:30:00 AM	5.6000	8.0000				



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

DISCHARGE MONITORING	REPORT	(DMR)	
IONAL POLLUTANT DISCHARGE EL	IMINATION	SYSTEM	(1

MONITORING PERIOD

TO

DAY

01

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

80

YEAR

15

001 DISCHARGE NUMBER

MO

80

DAY

31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

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	
pH Dissolved Oxygen Total Residual Chlorine		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.0832	0.1092		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	Me	asure	;d
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	Mea	asure	ed.
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.00	xxxxx	7.17		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	xxxxx	xxxx	6.00	XXXXX	9.00	STD UNITS	_	Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.02	XXXXX	xxxxx	MGAL	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Daily	Grab		
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	136.94	XXXXX	LB/DAY	xxxxx	176.75	xxxxx	MG/L	0	4/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	xxxxx	MG/L		1/Week	24H	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.03	XXXXX	LB/DAY	xxxxx	4.00	XXXXX	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	xxxxx	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	<b>MITTED HEREIN</b>	AND BASED ON MY	0 .	2/2			TELEPHONE		DATE	
Thomas A. Cicala	Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT	ELY RESPONSIF ED INFORMATION HAT THERE ARE	SLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Fordon H III				(610) 645-4215	2015	09	
Superintendant: Wastewater Operations  TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC \$ TES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	D

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

\_\_\_\_\_

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

08

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

80

DAY

31

Reporting Frequency

Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency OF		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		TPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		xxxxx	MG/L	0	0/Month	24HI	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXXX	12.00	XXXXX	MGAL		1/Week	24HF	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	8.83	XXXXX	LB/DAY	XXXXXX	12.39	XXXXX	MG/L	0	26/Month	24HI	R Co	wt
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	mı
Total Suspended Solids	SAMPLE MEASUREMENT	174.58	XXXXX	LB/DAY	XXXXX	227.00	XXXXX	MG/L	0	4/Month	24HI	R Co	mţ
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	xxxxx	MG/L		1/Week	24HI	R Ço	mį
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	XXXXX	29.00	230.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	200 Geometric Mean	1000.00	#COL/100ML		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.60	XXXXX	LB/DAY	XXXXX	0.87	xxxxx	MG/L	0	4/Month	24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	xxxxx	MG/L		1/Week	24HI	R Cc	mı
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		xxxxx	MG/L	0		24HI	R Co	mı
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	xxxxx	MGAL		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I	HAVE PERSONA	LLY EXAMINED AND AND BASED ON MY	0,				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION II ACCURATE AND COM PENALTIES FOR SUBI	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TI MITTING FALSE INFORI	ELY RESPONSIE ED INFORMATIO HAT THERE ARE MATION INCLUD	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY		m 24 M	A R STANDARD ON THE	-n /-	(610) 645-4215	2015	09	2
TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU	DIMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	Di

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)

DICCUADOR	MONITORING	DEDADT	/DIAD
DISCHARGE	MICHIELLARING	REPURI	LUMBS

MONITORING PERIOD

TO

DAY

01

YEAR

15

Δ	DE	RE	ESS

**FACILITY** 

LOCATION

WATERSHED 3G

NAME

762 West Lancaster Avenue

Willistown Township Chester County

Aqua Pennsylvania Wastewater,

PA0050075 Bryn Mawr, Pennsylvania 19010 PERMIT NUMBER Willistown Woods STP

YEAR

15

MO

08

001 DISCHARGE NUMBER

MO

80

DAY

31

Reporting Frequency

Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	Qual	ty or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.33	XXXXX	LB/DAY	xxxxx	0.46	xxxxx	MGAL	0	4/Month	24H	R Cor	np
	PERMIT REQUIREMENT	1.50	xxxxx	LB/DAY	xxxxx	1.00	XXXXX	MG/L		1/Week	24H	R Cor	np
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							1					
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXE	ECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	2	0/0-			TELEPHONE		DATE	
Thomas A. Cicala	ar Operations	I CERTIFY UNDER PE AM FAMILIAR WITH THE INQUIRY OF THOSE IN THE INFORMATION, I ACCURATE AND COM- DENALTIES FOR SUB-	NDIVIDUALS IMMEDIATE BELIEVE THE SUBMITT PLETE I AM AWARE TO MITTING FAIRE SE INFORM	ELY RESPONSI ED INFORMATI HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT	Now	lon H'M	Viller		(610) 645-4215	2015	09	2
Superintendant: Wastewater Operations  TYPED OR PRINTED		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	XIMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US LES UP TO \$10,0 ND 5 YEARS.)	ING THE POSSIBILITY C §1319. (PENALTIES 000 AND OR MAXIMUM			E OF PRINCIPAL EXECUTIVE R OR AUTHORIZED AGENT AREA CODE NUMBER		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 WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER	
PERMIT NUMBER	

MO

09

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

09

DAY

30

Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

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	1	YPE
Flow	SAMPLE MEASUREMENT	0.0792	0.1421		xxxxx	xxxxx	xxxxx	XXXX	0	Continuous	Ме	asun
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	Mea	asur
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.10	XXXXX	6.81		0	30/Month	C	Grab
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.31	xxxxx	xxxxx	MG/L	0	30/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	xxxxx	MG/L		Daily	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	30/Month	(	Grab
	PERMIT REQUIREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Daily	C	Grab
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	44.95	XXXXX	LB/DAY	XXXXX	68.59	xxxxx	MG/L	0	5/Month	24H	R Cc
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	xxxxx	LB/DAY	XXXXX	REPORT MONTHLY	xxxxx	MG/L		1/Week	24HI	R Co
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.66	XXXXX	LB/DAY	XXXXX	2.52	XXXXX	MG/L	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HI	R Cc
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	E INFORMATION SLIB	MITTED HEREIN	AND BASED ON MY	0 -		1		TELEPHONE		DATE
Thomas A. Cicala	Operations	INCUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ELY RESPONSIS ED INFORMATION LAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nord	m 21 m	Villan		(610) 645-4215	2015	10
Superintendant: Wastewater TYPED OR PRI		OF FINE AND IMPRISC UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC § ITES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10,0	DING THE POSSIBILITY C §1319. (PENALTIES DOD AND OR MAXIMUM	200000000000000000000000000000000000000	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



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

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

DAY

01

YEAR

15

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY Willistown Woods STP

LOCATION Willistown Township

Chester County
WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

09

YEAR

15

001 DISCHARGE NUMBER

MO

09

DAY

30

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	lity or Concentra	ation		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		xxxxx	MGAL	0	0/Month	24H	R Co	mp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	6.62	XXXXX	LB/DAY	XXXXX	10.09	XXXXX	MG/L	0	30/Month	24H	R Co	mp
	PERMIT REQUIREMENT	25.00	xxxxx	LB/DAY	xxxxx	17.00	xxxxx	MG/L		1/Week	24HI	R Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	111.67	xxxxx	LB/DAY	xxxxx	170.40	XXXXX	MG/L	0	5/Month	24H	R Co	mp
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	np
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	7.00	47.00	COL/100ML	0	5/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.09	xxxxx	LB/DAY	XXXXX	0.14	xxxxx	MG/L	0	5/Month	24H	R Co	mp
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	xxxxx	MG/L		1/Week	24HI	R Co	mp
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0		24H	R Co	mp
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MG/L		1/Week	24HI	R Co	np
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT II	<b>MITTED HEREIN</b>	AND BASED ON MY	2	- 7 -			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Onerations	THE INFORMATION II	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORM	ED INFORMATI	ON IS TRUE,	Norde	mH M	eller		(610) 645-4215	2015	10	27
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	INMENT SEE 18 USC S ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	DING THE POSSIBILITY C \$1319. (PENALTIES 000 AND OR MAXIMUM		E OF PRINCIPA 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 WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

YEAR

15

MONITORING PERIOD

TO

DAY

01

<b>ADDRESS</b>	

NAME

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

LOCATION Willistown Township

Chester County
WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

09

YEAR

15

001 DISCHARGE NUMBER

MO

09

DAY

30

Reporting Frequency

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Monthly

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	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		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.63	xxxxx	LB/DAY	xxxxx	0.98	xxxxx	MG/L	0	4/Month	24H	R Co
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	xxxxx	MG/L		1/Week	24HI	R Co
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1 1								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				7							
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1 1								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	9.	-/-			TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewat	ter Operations	THE INFORMATION 1	EATIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND IFAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY DURRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING EINFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE. CURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT NAT THE FORMATION OF THE POSSIBLE.				lon HM			(610) 645-4215	2015	10
TYPED OR F		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLIDING THE POSSIBIL OF FINE AND IMPRISONMENT SEE 18 USC \$ 1001 AND 33 USC \$ 1319. (PENALTIE UNDER THESE STATUTES MAY INCLIDE FINES UP TO \$ 10,000 AND OR MAXIMIMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE			YEAR	мо

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

SEE SUPPLEMENT SHEETS



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

#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION W

Willistown Township

Chester County
WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

10

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

10

DAY

31

Reporting Frequency

Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentr	ation		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	
Flow	SAMPLE MEASUREMENT	0.0750	0.0987		xxxxx	xxxxx	xxxxx	жж	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	xxxxx	XXXX		Continuous	Mea	asur	ed
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.04	XXXXX	7.04		0	31/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	7.05	XXXXX	xxxxx	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	XXXXX	0.00	0.00	MG/L	0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MGAL		Daily	C	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	70.75	xxxxx	LB/DAY	xxxxx	109.50	XXXXX	MGAL	0	4/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGAL		1/Week	24HI	R Cc	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.81	XXXXX	LB/DAY	xxxxx	2.85	xxxxx	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	XXXXX	MG/L		1/Week	24HI	R Cc	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PER	E INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY	0.4	- 1			TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. I I ACCURATE AND COM	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, LAM AWARE TH	ELY RESPONSIE ED INFORMATION LAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Norde		iller	300	(610) 645-4215	2015	11	-
TYPED OR PRI		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC S TES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	JES UP TO \$10.0	C §1319. (PENALTIES 100 AND OR MAXIMUM		E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	C

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY Willistown Woods STP

LOCATION

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

10

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

10

DAY

31

Reporting Frequency Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentra	ation		NO.	Frequency OF		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis	ı	TPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MGAL	0	0/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGAL		1/Week	24HI	₹Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	8.83	XXXXX	LB/DAY	XXXXX	14.35	XXXXX	MGAL	D	29/Month	24H	R Cc	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	xxxxx	17.00	xxxxx	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	142.41	XXXXX	LB/DAY	XXXXX	219.00	xxxxx	MG/L	0	4/Month	24H)	R Cc	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGAL		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	60.00	440.00	COL/100ML	0	15/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	200 Geometric Mean	1000.00	#COL/190ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.19	xxxxx	LB/DAY	xxxxx	0.30	xxxxx	MG/L	0	4/Month	24H	R Cc	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	XXXXX	MG/L		1/Week	24HI	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		XXXXX	MG/L	0		24HI	R Cc	mı
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	XXXXX	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	IALTY OF LAW THAT I	HAVE PERSONA	ALLY EXAMINED AND AND BASED ON MY	ره	7/0-			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COMP PENALTIES FOR SUBM	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI	ELY RESPONSIE ED INFORMATION AT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		m H M			(610) 645-4215	2015	11	1
TYPED OR PRI		OF FINE AND IMPRISO	INMENT SEE 18 USC § ITES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10.0	3 USC §1319. (PENALTIES SIGNATURE OF PRINCIPAL EXECUTIVE \$10,000 AND OR MAXIMUM			AREA CODE NUMBER	YEAR	мо	D		

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

SEE SUPPLEMENT SHEETS



NAME

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION

BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

MONITORING PERIOD

TO

DISCHARGE MONITORING REPORT (DMR)

YEAR

15

ADDRESS 762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY Willistown Woods STP

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

10

DAY

01

001 DISCHARGE NUMBER

MO

10

YEAR

15

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To Permit Expires November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

☐ Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentr	ation		NO.	Frequency		MPLE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Phosphorus	SAMPLE MEASUREMENT	0.42	XXXXX	LB/DAY	xxxxx	0.64	xxxxx	MG/L	0	4/Month	24HI	R Con
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	XXXXX	MG/L.		1/Week	24HF	R Con
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1 1								
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PEI	HE INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY	2	. alm			TELEPHONE	E	DATE
Thomas A. Cicala Superintendant: Wastewat	ter Operations	PENALTIES FOR SUB	NQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, CCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTIING FALSE INFORMATION INCLUDING THE POSSIBILITY				TV			(610) 645-4215	2015	11
TYPED OR F		<ul> <li>OF FINE AND IMPRISO UNDER THESE STATE</li> </ul>	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



Inc.

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

IONAL POLLUTANT	DISCHARGE	ELIMINATION	2121F
DISCHARG	E MONITORIN	NG REPORT	(DMR)

MONITORING PERIOD

TO

YEAR

15

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

11

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency

Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qual	ity or Concentr	ation		NO.	Frequency OF		MPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis		TPE
Flow	SAMPLE MEASUREMENT	0.0819	0.1013		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	Me	asure
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	xxxxx	xxxxx	xxxxx	xxxx		Continuous	Mea	asure
рН	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.13	xxxxx	6.78		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	7.88	xxxxx	xxxxx	MG/L	0	30/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	xxxxx	xxxxx	MG/L		Daily	C	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	30/Month	(	Grab
	PERMIT REQUIREMENT	xxxxx	xxxxx	xxxx	xxxxx	0.05	0.12	MG/L		Daily	(	Grab
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	101.68	xxxxx	LB/DAY	xxxxx	159.00	xxxxx	MG/L	0	4/Month	24H	R Co
(influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	xxxxx	MGAL		1/Week	24HI	R Co
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0	0/Month	24HI	R Co
	PERMIT REQUIREMENT	12.00	xxxxx	LB/DAY	xxxxx	8.50	xxxxx	MG/L		1/Week	24HI	₹ Co
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	IE INFORMATION SUB	MITTED HEREIN	AND BASED ON MY	0.		-		TELEPHONE	С	DATE
Thomas A. Cicala		INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COM	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITI PLETE. I AM AWARE TO	ELY RESPONSI ED INFORMATION HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nordo	24 Mi	lber		(610) 645-4215	2015	12
Superintendant: Wastewater TYPED OR PRI	or and decided the	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §	1001 AND 33 US VES UP TO \$10.0	SC §1319. (PENALTIES SIGNATURE OF PRINCIPAL EXECUTIVE ARI			AREA CODE NUMBER	YEAR	мо		

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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)** 

MONITORING PERIOD

TO

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

SEE SUPPLEMENT SHEETS

Aqua Pennsylvania Wastewater,

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

11

DAY

01

YEAR

15

001 DISCHARGE NUMBER

MO

11

YEAR

15

DAY

30

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

**DMR Effective To Permit Expires** 

November 30, 2019 November 30, 2019

Permit Application due

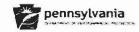
June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	Qua	lity or Concentr	ation		NO.	Frequency		MPL YPE	
	A project of the control of the cont	MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.63	xxxxx	LB/DAY	xxxxx	5.68	XXXXX	MG/L	0	4/Month	24HI	R Co	mp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	₹ Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	15.79	XXXXX	LB/DAY	XXXXX	23.57	XXXXX	MG/L	1	30/Month	24HI	R Co	mp
	PERMIT REQUIREMENT	25.00	xxxxx	LB/DAY	xxxxx	17.00	XXXXX	MG/L		1/Week	24HI	₹ Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	112.21	xxxxx	LB/DAY	xxxxx	175.00	XXXXX	MGAL	0	4/Month	24H	R Co	mp
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	REPORT MONTHLY	xxxxx	MG/L		1/Week	24H	≀ Co	mp
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	xxxxx	xxxx	xxxxx	13.00	89.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	ab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0		24H	R Co	mp
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	xxxxx	MG/L		1/Week	24H1	₹ Co	mp
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.51	xxxxx	LB/DAY	xxxxx	0.81	xxxxx	MG/L	0	4/Month	24H	R Co	mp
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	xxxxx	MG/L.		1/Week	24HI	₹ Co	mp
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFIÇER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	AITTED HEREIN	AND BASED ON MY	0.		-		TELEPHONE		ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION I I	DIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE. I AM AWARE TI	ELY RESPONSIE ED INFORMATION NAT THERE ARE	BLE FOR OBTAINING ON IS TRUE. SIGNIFICANT	Nords		iller		(610) 645-4215	2015	12	2
TYPED OR PRI		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	ITES MAY INCLUDE FIN	IES UP TO \$10.0	C §1319. (PENALTIES 00 AND OR MAXIMUM	10011101010101010101010101	E OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	DA

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



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

	REPORT (DMR

MONITORING PERIOD

TO

YEAR

15

Α	DD	RE	SS

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

SEE SUPPLEMENT SHEETS

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

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01

MO

11

YEAR

15

001 DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

**DMR Effective To** Permit Expires

November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	Quali	Quality or Concentration			NO.	Frequency		MPLE
Total Phosphorus		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Phosphorus	SAMPLE MEASUREMENT	1.38	xxxxx	LB/DAY	xxxxx	2.16	xxxxx	MG/L	1	4/Month	24HI	R Com
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	xxxxx	MG/L		1/Week	24HI	R Com
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EX	ECUTIVE OFFICER	I CERTIFY UNDER PE	NALTY OF LAW THAT I HE INFORMATION SUBI	HAVE PERSONA MITTED HEREIN	ALLY EXAMINED AND AND BASED ON MY	٠.	alm			TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewa	ter Operations	INQUIRY OF THOSE IN THE INFORMATION I ACCURATE AND COM PENALTIES FOR SUBI OF FINE AND IMPRISO UNDER THESE STATI IMPRISONMENT OF B	NOIVIDUALS IMMEDIAT BELIEVE THE SUBMITT IPLETE. I AM AWARE TH MITTING FALSE INFORT	ELY RESPONSI ED INFORMATI HAT THERE ARE MATION INCLUS	BLE FOR OBTAINING ON IS TRUE, E SIGNIFICANT DING THE POSSIBILITY	Nords	nH/1/1	ller		(610) 645-4215	2015	12
TYPED OR I	333-12-33311-0-02241-3-0-0-0244-0351	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF B	ONMENT SEE 18 USC § JTES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	1001 AND 33 US IES UP TO \$10,0 ND 5 YEARS.)	C §1319. (PENALTIES 000 AND OR MAXIMUM	SIGNATUR	E OF PRINCIPA R OR AUTHORI			AREA CODE NUMBER	YEAR	мо п



## 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

		Willistown W						Month:	Novembe	er	Year	: 2015
	Willistown Woods STP  Millistown Township  County: Chest  Wiolations of Permit Effluent Limitations*						ester	- Mortun	Permit N			2010
Ø۷	iolations of	Permit Effluen	t Limitations*									
	Date	Paramet	Permit er Limit	Units	Statistic	CONTRACTOR OF THE PARTY OF THE	lt Units	C	ause of Vic	olation	Corrective	Action Taken
	November	Total Suspende Solids		mg/L	Monthly Average	y 23.6		EQ pum	ps running	at higher feed levating TSS	Switched out pump and ha	the suspect EQ ve had positive sired flow rates
	November	Total Phosphor	us 1.0	mg/L	Monthly Average		mg/L			not adjusted to al flow rates		ps to control flow; c with new model
	anitary Sew	er Overflows a	and Other Unau	thorized	Discharges	S*	***					
		Substance	Location		Volume (gals)	Duration (hrs)	Receiving Waters		act on aters	Cause o	f Discharge	Date DEP Notified
	Other Permit	Violations*										
			frequent than re	•		Explain						
	The state of the s	type not in cor n of permit sch	npliance with pe	rmit		Explain Explain						
	Other	it of permit son	edule			Explain						
	Other					Explain						
pers for g	rtify under p connel gather gathering the	enalty of law and evaluate information, to	the information the information s	nent was submitte submitted	prepared ed. Based of is, to the b	under my dire on my inquiry o best of my kno	ection or super of the person or owledge and be	vision in a persons wellef, true, a	ccordance ho manage accurate an g violations	e the system or d complete. I a s. See 18 Pa.	those persons di im aware that the C.S. § 4904 (rel	ure that qualified rectly responsible ere are significant ating to unsworn
		Prepared	By: Gordon Mil	ler				Signature:	270	rdon HT	Willer	
		Title:	Assistant M	lanager W	/astewater			Date:	12/23/15	5		



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

EXCL			

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

0 PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

**FACILITY** 

Willistown Woods STP

LOCATION Willisto

Willistown Township
CountyChester

WATERSHED 3G

	M	ONI	TORING	G PER	IOD
--	---	-----	--------	-------	-----

YEAR	MO	DAY		YEAR	МО	DAY
15	11	01	TO	15	11	30

#### **Total Suspended Solids**

Explanations: We realized an excursion for Total Suspended Solids with a level of 23.57 mg/L and a permit limit of 17.0 mg/L. We experienced issues with our equalization pumps running at higher feed rates than adjusted, thus feeding one process at higher than normal flow rates. That was causing the solids in the clarifier to "wash out", elevating the Total Suspended Solids. We switched the EQ feed pump that was suspect and have had positive results, as the pumps are now feeding the processes at the desired flow rates. Lab results for the December are within permit limits.

#### **Total Phosphorus**

Explanations: We realized an excursion for Phosphorous with a level of 2.16 mg/L and a permit limit of 1.0 mg/L. The Phosphorous issues were addressed in two ways: 1) when the flows were stabilized to each process by switching Equalization pumps, and 2) we also replaced the DelPaC 2000 chemical feed pumps to a new more efficient model that will allow us to properly dose each process train. Lab results for December are within permit limits.



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** 

FACILITY

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD

YEAR YEAR MO DAY MO DAY TO 15 15 11 01 11 30

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

#### LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH as Nitrog	(3) en
11/1/2015 9:00:00 AM	12.0000					
11/2/2015 11:50:00 AM	16.0000					
11/3/2015 11:15:00 AM	26.0000					
11/4/2015 9:45:00 AM	27.0000	8.0000	3.5000	7.4000	1.7	000
11/5/2015 10:20:00 AM	20.0000					
11/6/2015 10:50:00 AM	27.0000					
11/7/2015 10:00:00 AM	21.0000					
11/8/2015 9:00:00 AM	18.0000					
11/9/2015 10:00:00 AM	44.0000					
11/10/2015 11:30:00 AM	16.0000					
11/11/2015 9:45:00 AM	45.0000	89.0000	3.5000	6.9000	0.7	700
11/12/2015 10:00:00 AM	18.0000					
11/13/2015 12:15:00 AM	38.0000					
11/14/2015 10:00:00 AM	39.0000					
11/15/2015 9:00:00 AM	22.0000					
11/16/2015 12:20:00 PM	16.0000					
11/17/2015 11:30:00 AM	42.0000					



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

PA0050075 PERMIT NUMBER

11

YEAR

15

001 DISCHARGE NUMBER

11

FACILITY

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

MONITOR MO DAY	RING F	PERIOD			
MO	DAY		YEAR	MO	DA

15

DAY calculation to the calculati

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

01

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (Ni as Nitrod	(3) en
11/18/2015 9:45:00 AM	12.0000	46.0000	0.2500	4.7000	0.5	100
11/19/2015 9:40:00 AM	18.0000					
11/20/2015 10:45:00 AM	29.0000					
11/21/2015 9:00:00 AM	16.0000					
11/22/2015 10:00:00 AM	7.6000					
11/23/2015 9:45:00 AM	37.0000					
11/24/2015 10:00:00 AM	7.6000	1.0000	1.4000	3.7000	0.2	500
11/25/2015 9:50:00 AM	22.0000					
11/26/2015 9:50:00 AM	24.0000					
11/27/2015 9:50:00 AM	23.0000					
11/28/2015 9:50:00 AM	22.0000					
11/29/2015 9:50:00 AM	21.0000					
11/30/2015 9:50:00 AM	21.0000					



COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

MONITORING PERIOD

TO

YEAR

15

DAY

01

BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

LOCATION

WATERSHED 3G

Willistown Woods STP

Willistown Township

Chester County

PA0050075 PERMIT NUMBER

MO

12

YEAR

15

001 DISCHARGE NUMBER

MO

12

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

DAY

31

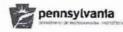
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	OR CONCENT	TRATION		NO.	Frequency		MP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	T	YPE	•
Flow	SAMPLE MEASUREMENT	0.0871	0.1239		xxxxx	xxxxx	XXXXX	XXXX	0	Continuous	Mea	asun	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	хххх	1	Continuous	Mea	3SUF	ed
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.27	XXXXX	7.15		0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	G	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	5.92	XXXXX	XXXXX	MG/L	1	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	G	3rab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	G	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	91.73	XXXXX	LB/DAY	XXXXX	137.40	XXXXX	MG/L	0	5/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24Hi	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HI	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co	m
NAME/TITLE PRINCIPAL EXEC								TELEPHONE	C	ATE			
Thomas A. Cicala Superintendant; Wastewater	Operations	THE INFORMATION, I B ACCURATE AND COM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITI PLETE. I AM AWARE TI	ELY RESPONSI ED INFORMATI HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	9700		Dille		(610) 645-4215	2016	01	3
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	COURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT FOALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILIT FENE AND IMPRISONMENT SEE 18 USC \$1001 AND 33 USC \$1318. (PENALTIES ODER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUI PRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				S CIGITATION AL EXECUTIVE				YEAR	МО	D

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

PAGE 1 OF 2



#### COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

#### DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

15

DAY

01

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater.

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

12

YEAR

15

001 DISCHARGE NUMBER

MO

12

DAY

31

Reporting Frequency

DMR Effective From

Monthly
December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.74	xxxxx	LB/DAY	xxxxx	4.00	xxxxx	MG/L	0	5/Month	24H	R Co	mp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGAL		1/Week	24H	R Co	mp
Total Suspended Solids	SAMPLE MEASUREMENT	12.05	XXXXXX	LB/DAY	XXXXX	16.26	XXXXX	MG/L	0	28/Month	24H	R Co	mp
	PERMIT REQUIREMENT	25.00	xxxxx	LB/DAY	XXXXX	17.00	xxxxx	MG/L		1/Week	24H	R Co	mp
Total Suspended Solids	SAMPLE MEASUREMENT	150.88	xxxxx	LB/DAY	XXXXX	222.40	xxxxx	MG/L	0	5/Month	24H	R Co	mp
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L.		1/Week	24H	R Co	mp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	23.00	40.00	COL/100ML	0	5/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	mp
10-31)	PERMIT REQUIREMENT	1.30	xxxxx	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24H	R Co	mp
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.32	XXXXX	LB/DAY	XXXXX	0.48	XXXXX	MG/L	0	5/Month	24H	R Co	mp
04-30)	PERMIT REQUIREMENT	3.60	xxxxx	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24H	R Co	mp
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	E INFORMATION SUBM	MITTED HEREIN	AND BASED ON MY	-01	, 011			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INCUIRY OF THOSE IN THE INFORMATION I E ACCURATE AND COMI PENALTIES FOR SUBM	BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ED INFORMATION  LAT THERE ARE	ON IS TRUE, SIGNIFICANT	9/000	lon H	Till	(C)	(610) 645-4215	2016	01	26
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §' TES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10,0	C §1319 (PENALTIES		RE OF PRINCIF 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

YEAR

15

BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

MONITORING PERIOD

TO

DAY

01

**ADDRESS** 

LOCATION

WATERSHED 3G

NAME

762 West Lancaster Avenue

Willistown Township

Chester County

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

Willistown Woods STP **FACILITY** 

PA0050075 PERMIT NUMBER

MO

12

YEAR

15

001 DISCHARGE NUMBER

MO

12

Reporting Frequency

Monthly

**DMR Effective From** DMR Effective To

December 1, 2014

Permit Expires

November 30, 2019

November 30, 2019

Permit Application due

June 3, 2019

DAY 31

Check here if No Discharge

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	Frequency	SAMP		
a		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	Т	YPE	YPE
Total Phosphorus	SAMPLE MEASUREMENT	0.50	xxxxx	LB/DAY	xxxxx	0.74	xxxxx	MG/L	0	5/Month	24H	R Cor	ıp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HI	R Co	ıŗ
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												Ī
	PERMIT REQUIREMENT												Ī
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY				er i simini				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 PENALTES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY			Stordon H Miller				(610) 645-4215	2016	01	5	
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 5 MONTHS AND 5 YEARS.)				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



### 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:	Willistown \	Noods STP					Month:	Decembe	er	Year	2015
Municip	pality:	Willistown	Fownship			County: Che	ester		Permit No	o.: PA005007	5	
⊠ Viol	lations of	f Permit Efflue	nt Limitations*									
	Date	Parame	Permit ter Limit	Units	Statistic Code		lt Units	C	ause of Vio	olation	Corrective	Action Taken
	December	Dissolve Oxyge	- BO	mg/L	Inst Mi	n 5.92	e mg/L	DO test v	vas taken at flow	t a time of low	procedures hav	proper sampling e been given; we t further issues
☐ San	itary Sev	wer Overflows	and Other Unau	thorized	Discharge	s*						
		Substance Discharged	Location	Location		Duration (hrs)	Receiving Waters		act on aters	Cause of Discharge		Date DEP Notified
☐ Oth	er Permi	t Violations*										
	-		s frequent than re			Explain						
		e type поt in co oп of permit sch	mpliance with pe	rmit		Explain						
	Other	on or permit ser	icadic			Explain						
						Explain						
I certifi person for gat	y under inel gathe hering the es for su	penalty of law er and evaluate e information,	the information the information t	nent was submitte submitted	prepared d. Based of is, to the l	under my dir on my inquiry o best of my kn	ection or supe of the person o owledge and b	rvision in ad r persons wi elief, true, a	ccordance ho manage ccurate and y violations	the system or to d complete. I a s. See 18 Pa.	hose persons dir m aware that the C.S. § 4904 (rela	ure that qualified ectly responsible re are significant ating to unsworn
		Prepared	By: Gordon Mil	ler				Signature:	Wo	rdon HT	Ilelor	
		Title:	Assistant M	lanager W	astewater		-	Date:	1/23/16			



Inc.

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

**EXCURSION EXPLANATION** 

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr Pennsylvania 19010

Aqua Pennsylvania Wastewater,

Willistown Woods STP

PA0050075 (A3) PERMIT NUMBER

DISCHARGE NUMBER

001

**FACILITY** LOCATION

Willistown Township

CountyChester

WATERSHED 3G

MONITORING	<b>PERIOD</b>

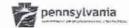
YEAR MO DAY 15 12 01

YEAR MO DAY 15 12 31

#### Dissolved Oxygen

Explanations: We realized an excursion for Dissolved Oxygen instantaneous minimum with a reading of 5.92 mg/L and a permit limit of 6.0 mg/L on December 12 as the test was taken at a time of low flow. Instructions on the proper procedure for taking dissolved oxygen readings at this facility have been gone over to ensure the test is taken when there is flow leaving the facility.

TO



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

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township

CountyChester
WATERSHED 3G

PERMIT NUMBER
LEKMII MOMBE

001	
DISCHARGE	NUMBER

		MONITO	DRING F	PERIOD		
YEAR	MO	DAY	*	YEAR	MO	DAY
15	12	01	то	15	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.

# FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	CBOD5 Sewage (Influent)	Total Suspended	Air Temperature	Precipitation
12/1/2015 9:04:00 AM	90581	750520800.0000	10.6800	6.7500	0.0000	0.0000	0.0000	43	0.3
12/2/2015 8:50:00 AM	82162	750610500.0000	10.0800	6.3600	0.0000	154.0000	336.0000	50	0.6
12/3/2015 9:45:00 AM	78912	750695800.0000	9.9700	6.4000	0.0000	0.0000	0.0000	49	0.0
12/4/2015 10:45:00 AM	123886	750778000.0000	9.8200	6.6400	0.0000	0.0000	0.0000	53	0.0
12/5/2015 2:30:00 AM	86813	750859300.0000	8.9200	6.6500	0.0000	0.0000	0.0000	46	0.0
12/6/2015 1:45:00 AM	55940	750943400.0000	7.7600	6.2700	0.0000	0.0000	0.0000	43	0.0
12/7/2015 11:00:00 AM	73283	751020900.0000	8.8100	6.6700	0.0000	0.0000	0.0000	49	0.0
12/8/2015 12:15:00 PM	81298	751098000.0000	9.1100	6.6900	0.0000	0.0000	0.0000	52	0.0
12/9/2015 9:25:00 AM	63609	751169700.0000	8.2200	6.7800	0.0000	123.0000	182.0000	49	0.0
12/10/2015 8:35:00 AM	78420	751231100.0000	9.1000	6.7400	0.0000	0.0000	0.0000	52	0.0
12/11/2015 10:45:00 AM	74791	751316600.0000	8.9300	6.4100	0.0000	0.0000	0.0000	50	0.0
12/12/2015 8:15:00 AM	98466	751383600.0000	5.9200	6.8100	0.0000	0.0000	0.0000	50	0.0
12/13/2015 11:30:00 AM	90397	751495400.0000	6.7100	6.5600	0.0000	0.0000	0.0000	65	0.0
12/14/2015 7:55:00 AM	90051	751572300.0000	8.4400	6.4700	0.0000	0.0000	0.0000	54	0.2
12/15/2015 7:35:00 AM	86949	751661100.0000	8.2900	6.6800	0.0000	0.0000	0.0000	48	0.0
12/16/2015 9:50:00 AM	63458	751756200.0000	8.8700	6.6700	0.0000	141.0000	196.0000	52	0.0
12/17/2015 5:30:00 AM	99892	751808200.0000	8.4900	6.6200	0.0000	0.0000	0.0000	43	1.0
12/18/2015 9:15:00 AM	66669	751923700.0000	8.5000	6.5900	0.0000	0.0000	0.0000	46	0.0



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** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

LOCATION

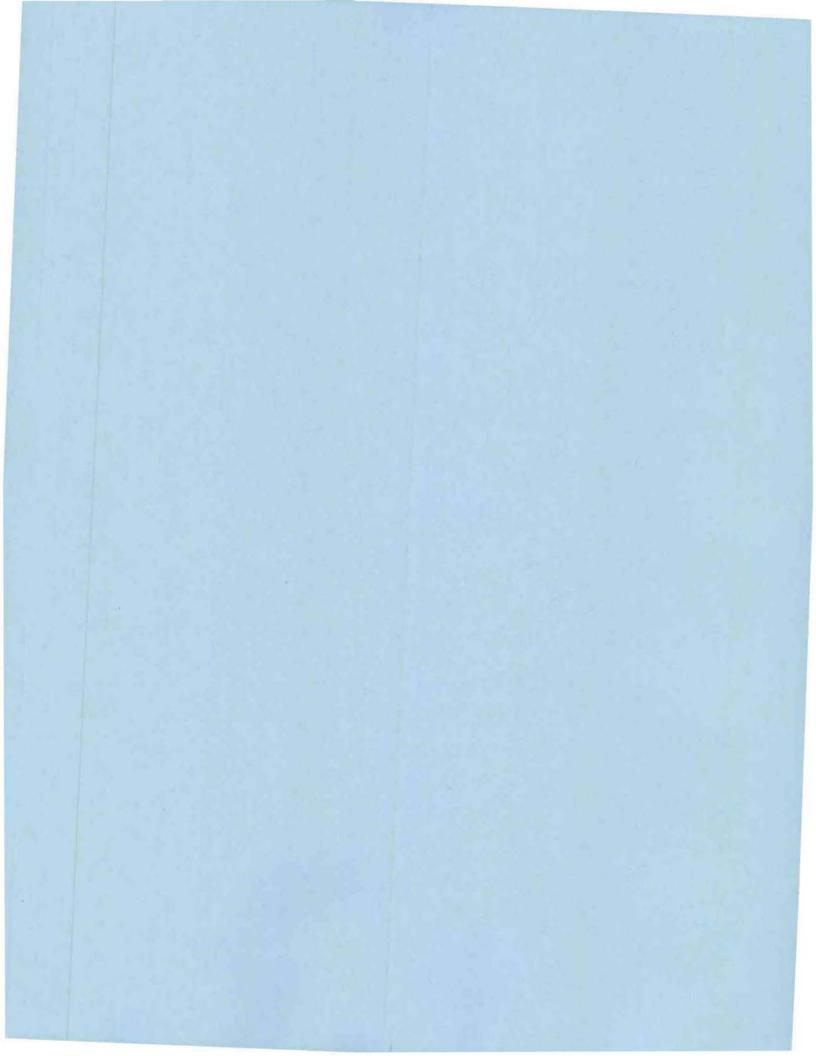
WATERSHED 3G

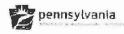
		MONITO	DRING F	PERIOD		111
YEAR	MO	DAY	. 14	YEAR	MO	DAY
15	12	01	то	15	12	31

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.

# FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	CBOD5 Sewage (Influent)	Total Suspended	Air Temperature	Precipitation
12/19/2015 9:20:00 AM	81117	751990600.0000	8.2000	6.9900	0.0000	0.0000	0.0000	34	0.0
12/20/2015 8:30:00 AM	97154	752068900.0000	8.9600	6.7800	0.0000	0.0000	0.0000	31	0.0
12/21/2015 10:50:00 AM	82017	752175500.0000	9.2800	6.5700	0.0000	0.0000	0.0000	43	0.1
12/22/2015 9:50:00 AM	89728	752254100.0000	9.2700	6.8600	0.0000	135,0000	106.0000	49	0.1
12/23/2015 10:04:00 AM	91178	752344700,0000	8.7800	6.5700	0.0000	0.0000	0.0000	56	1.6
12/24/2015 7:58:00 AM	99908	752427900.0000	8.5500	6,5300	0.0000	0.0000	0.0000	64	0.1
12/25/2015 7:55:00 AM	103979	752527600.0000	7.5600	6.5200	0.0000	0.0000	0.0000	63	0.3
12/26/2015 9:35:00 AM	96439	752638800.0000	8.3700	6.6000	0.0000	0.0000	0.0000	53	0.1
12/27/2015 9:15:00 AM	106771	752733900.0000	8.2200	6.4800	0.0000	0.0000	0.0000	53	0.2
12/28/2015 5:45:00 AM	103916	752825100.0000	8.7800	6.4000	0.0000	0.0000	0.0000	40	0.8
12/29/2015 10:15:00 AM	100431	752948500.0000	9.1700	7.0500	0.0000	134.0000	292.0000	50	0.1
12/30/2015 12:15:00 PM	83713	753057300.0000	9.1000	6.9700	0.0000	0.0000	0.0000	56	0.2
12/31/2015 10:35:00 AM	77113	753135200.0000	8.9400	7.1500	0.0000	0.0000	0.0000	53	0.0





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)

MONITORING PERIOD

TO

DAY

01

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

01

YEAR

16

001 DISCHARGE NUMI

YEAR

16

DISCHARGE NUMBER

MO

01

DAY

31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	lG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	TYPE	
Flow	SAMPLE MEASUREMENT	0.0755	0.1030		xxxxx	xxxxx	XXXXX	xxxx	D	Continuous	Mea	asure	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	ххххх	XXXXX	XXXXX	хххх		Continuous	Mea	asur	∌d
рН	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.19	XXXXX	7.22		0	30/Month	c	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STO UNITS		Daily	G	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	7.32	XXXXX	XXXXX	MG/L	0	30/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily		Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	30/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	G	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	102.71	xxxxx	LB/DAY	xxxxx	169.80	XXXXX	MG/L	0	5/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	MONTHLY	XXXXX	MG/L		1/Week	24HF	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	₹ Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN				مه	010-			TELEPHONE	D	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION I B ACCURATE AND COMP	DIVIDUALS IMMEDIATI ELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIB ED INFORMATIO HAT THERE ARE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT		mHM			(610) 645-4215	2015	02	2
TYPED OR PR	se • contractores	PENALTIES FOR SUBN OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 USG	C 61319 (PENALTIES	S SIGNATORE OF TRINOITAL EXECUTIVE				AREA CODE NUMBER	YEAR	Мо	D

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)

DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

TO

YEAR

16

DAY

01

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

01

YEAR

16

001
DISCHARGE NUMBER

MO

01

DAY

31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

10Verriber 30, 2013

remit Explies

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	6.61	xxxxx	LB/DAY	xxxxx	10.43	xxxxx	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	23.47	XXXXX	LB/DAY	xxxxx	38.34	xxxxx	MG/L	1	25/Month	24H	R Co	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	137.61	XXXXX	LB/DAY	xxxxx	222.60	XXXXX	MG/L	0	5/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	MONTHLY	xxxxx	MG/L		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	xxxxx	xxxxx	XXXX	xxxxx	4.00	330.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0		24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	XXXXX	MG/L		1/Week	24H	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.48	xxxxx	LB/DAY	xxxxx	0.76	xxxxx	MG/L	0	4/Month	24HI	R Co	m
04-30)	PERMIT REQUIREMENT	3.60	xxxxx	LB/DAY	xxxxx	2.50	XXXXX	MG/L		1/Week	24H	R Co	m
		I CERTIFY UNDER PEN				9		-		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COMP PENALTIES FOR SUBM	DIVIDUALS IMMEDIATE ELIEVE THE SUBMITTI PLETE I AM AWARE TH	ELY RESPONSIE ED INFORMATIC IAT THERE ARE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT	9Yords		Tiller		(610) 645-4215	2016	02	15
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	001 AND 33 US	C \$1319, (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	MO	D

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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)

MONITORING PERIOD

TO

DAY

01

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County
WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

01

YEAR

16

001

YEAR

16

DISCHARGE NUMBER

MO

01

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		AMPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.62	xxxxx	LB/DAY	xxxxx	1.10	XXXXX	MG/L	1	4/Month	24H	R Cor
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24H	R Cor
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT									0		
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PER	NALTY OF LAW THAT I	HAVE PERSONALLY EXAMINED AND HITTED HEREIN AND BASED ON MY						TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION: I ACCURATE AND COM	IDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI	ELY RESPONSIE ED INFORMATK FAT THERE ARE	LY RESPONSIBLE FOR OBTAINING D INFORMATION IS TRUE, TAT THERE ARE SIGNIFICANT					(610) 645-4215	2016	02
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFORI DNMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US	C §1319. (PENALTIES		RE OF PRINCIP. ER OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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

SEE SUPPLEMENT SHEETS

PAGE 3 OF 2



# 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.

acility I	Name:	Willistown W	oods STP					Month:	January		Year	2016
unicipa	ality:	Willistown To	ownship			County: Che	ester		Permit No	D.: PA005007	5	
] Viola	tions o	f Permit Effluen	t Limitations*									
	Date	Paramete	Permit er Limit	Units	Statistic	al Resu	It Units	Ca	ause of Vio	lation	Corrective	Action Taken
J	January	Total Suspende Solids	ed 17.0	mg/L	Monthly Average	/ 38 3			nation of da nce and ab effluent fil	sence of final	corrected; new	enance has been filter is waiting to stalled
J	lanuary	Total Phosphor	us 1,0	mg/L	Monthly Averag		mg/L		d pump for eeding corr	process #2 not ectly		aced; should not noving forward
Sani	tary Se	wer Overflows a	nd Other Unau	thorized	Discharges	s*						
	ent ate	Substance Discharged	Location		Volume (gals)	Duration (hrs)	Receiving Waters		ct on ters	Cause of	Discharge	Date DEP Notified
Otho	r Parm	it Violations*										
		le collection less	frequent than re	quired		Explain	ph, DO, TRC	- 1 sample mi	ssed due to	o snowstorm		
	7.	le type not in com		mit		Explain						
		ion of permit sche	edule			Explain						
	Other Other					Explain Explain						
		provided is no	nt sufficient t	o recor	d all infor		ase attach a	dditional el	heate			
										with a system of	designed to assi	ure that qualifie
rsonn	nel gath	er and evaluate	the information	submitte	d. Based o	n my inquiry	of the person o	r persons wh	no manage	the system or t	hose persons dir	ectly responsible
naltie	s for s										m aware that the C.S. § 4904 (rela	
Isificat	tion)	Prepared E	By: Gordon Mill	er				Signature:	260	don HM	iller	
		Title:	Assistant M		/astewater			Date:	2/23/16	and the particular desired		



Aqua Pennsylvania Wastewater,

Inc

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

EY	CII	PS	ION	EXPL	A	NAT	
	$\sim$			CALI			

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY

Willistown Woods STP

CountyChester

LOCATION Willistown Township

WATERSHED 3G

PA0050075 (A3)	
PERMIT NUMBER	

001	
DISCHARGE	NUMBER

		MONITO	DRING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	01	01	TO	16	01	31

# **Total Suspended Solids**

Explanations: We realized excursions for Total Suspended Solids with a level of 38,34 mg/L and a permit limit of 17.00 mg/L, and Total Phosphorous with a level of 1.10 mg/l and a permit limit of 1.00 mg/L. Total Suspended Solids was attributed to a combination of improper daily clarifier maintenance, as the squeegeeing that is required while wasting was not being done correctly. Corrective actions have been made to address this issue and the absence of the final effluent filter. The new filter is on site and is waiting to be installed.

Total Phosphorous was attributed to the DelPac feed pump for process #2 not feeding correctly. The pump was replaced and this should not be an issue going forward.

# **Total Phosphorus**

Explanations: See TSS explanation above.



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

		MONITO	RING F	PERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
16	01	01 TO		16	01	31

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

			E/12.470	HOILI BAIN		
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
1/1/2016 12:15:00 PM	25.0000					
1/2/2016 11:05:00 AM	23.0000					
1/3/2016 10:00:00 AM	18.0000					
1/4/2016 10:00:00 AM	12.0000					
1/5/2016 11:40:00 AM	20.0000					
1/6/2016 9:45:00 AM	28.0000	1.0000	0.8400	6,3000	0.3000	
1/7/2016 9:10:00 AM	34,0000					
1/8/2016 11:15:00 AM	42.0000					
1/9/2016 11:15:00 AM	12.0000					
1/10/2016 11:15:00 AM	31.0000					
1/11/2016 9:00:00 AM	50,0000			_		
1/1 <b>2/2</b> 016 9:25:00 AM	14.0000					
1/13/2016 9:45:00 AM	33.0000	1.0000	1.9000	10.0000	0.6500	
1/14/2016 10:45:00 AM	32 0000					
1/15/2016 10:45:00 AM	33.0000					
1/16/2016 9:50:00 AM	17,0000					
1/17/2016 9:00:00 AM	14.0000					



Aqua Pennsylvanîa 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

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA005	0075
ERMIT	NUMBER

001	
DISCHARGE	NUMBER

		MONITO	DRING F	PERIOD			
YEAR	MO	MO DAY		YEAR	МО	DAY	
16	01	01 T		16.	01	31	

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

Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen		
33.0000						
18.0000	1.0000	1.2000	6.4000	0.7900		
134.0000		ui-				
138.0000						
107.0000						
50,0000	330.0000	0.4500	19.0000	1,3000		
35.0000						
5.6000						
	33.0000 18.0000 134.0000 138.0000 107.0000 50.0000 35.0000	\$olids  33.0000  18.0000  134.0000  138.0000  107.0000  50.0000  35.0000	Solids  33.0000  18.0000  1.0000  1.0000  1.0000  1.0000  1.0000  50.0000  35.0000  35.0000	33.0000       18.0000     1.0000     1.2000     6,4000       134.0000       138.0000       107.0000       50.0000     330.0000     0,4500     19,0000       35.0000	Solids     as Nitrogen       33.0000     1.0000     1.2000     6,4000     0.7900       134.0000       138.0000       107.0000       50.0000     330.0000     0.4500     19.0000     1.3000       35.0000	Solids     as Nitrogen       33.0000     18.0000     1.2000     6.4000     0.7900       134.0000     138.0000     107.0000       50.0000     330.0000     0.4500     19.0000     1.3000       35.0000



NAME

Aqua Pennsylvania Wastewater.

**ADDRESS** 

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LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

TO

16

PA0050075 PERMIT NUMBER

MO

02

DAY

01

YEAR

16

001 DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

02

29

Reporting Frequency

DMR Effective From

Monthly December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	TRATION		NO.	Frequency OF		MP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	Analysis	1	YPE	1
Flow	SAMPLE MEASUREMENT	0.0800	0.1199		xxxxx	xxxxx	xxxxx	хххх	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	хххх		Continuous	Mea	asur	ad
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.09	XXXXX	7.26		0	29/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.23	XXXXX	XXXXX	MG/L	0	29/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.00	0.00	MG/L	0	15/Month	Grab		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	Grab		
CBOD5 Raw Sewage	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR (		m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	ххххх	MONTHLY	XXXXX	MG/L		1/Week	24HF	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		XXXXX	MG/L	0	0/Month	24HI	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBN	AITTED HEREIN	AND BASED ON MY	Q.or		4.		TELEPHONE	D	ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COMP PENALTIES FOR SUBM	BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ED INFORMATION AT THERE ARE	ON IS TRUE, SIGNIFICANT	9Vordo	nH M	OPEN.	TN/F	(610) 645-4215	2016 [	03	:
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	GIGHATORE OF TRINGITAL EXECUTIVE				AREA CODE NUMBER	YEAR I	МО	D		

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

PAGE 1 OF 2



Aqua Pennsylvania Wastewater,

Inc.

DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF WATER STANDARD AND FACILITY REGULATION

Wastewater, NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

COMMONWEALTH OF PENNSYLVANIA

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

001
DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 16
 02
 01
 TO
 16
 02
 29

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION	12 2 3	NO.	Frequency		AMPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	10.93	xxxxx	LB/DAY	xxxxx	14.25	XXXXX	MG/L	1	4/Month	24H	R Co
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L	-500	1/Week	24HI	R Co
Total Suspended Solids	SAMPLE MEASUREMENT	14.66	XXXXX	LB/DAY	XXXXX	21.62	XXXXX	MG/L	1 .	25/Month	24H	R Co
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L	¥ 8	1/Week	24HI	R Co
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	28.00	24640.00	COL/100ML	3	9/Month	Gra	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		XXXXX	Mg/L	0		24H	R Co
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L	- 1	1/Week	24HI	R Co
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	1.52	xxxxx	LB/DAY	XXXXX	2.57	XXXXX	MG/L	1	5/Month	24H	R Co
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HI	R Co
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN				0	- 7.A	g.		TELEPHONE	1	DATE
Thomas A. Cicala SuperIntendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION TE ACCURATE AND COMPENALTIES FOR SUBM	BELIEVE THE SUBMITT	ED INFORMATION	N IS TRUE, SIGNIFICANT	9Vozak	mHR	Tille	7.	(610) 645-4215	2018	03
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	1001 AND 33 US0 1ES UP TO \$10,0	\$1319. (PENALTIES		RE OF PRINCIF R OR AUTHOR			AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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)

MONITORING PERIOD

TO

DAY

01

YEAR

16

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

02

YEAR

16

001 DISCHARGE NUMBER

MO

02

DAY

29

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014 November 30, 2019

**DMR Effective To** Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALIT	OR CONCENT	TRATION		NO.	Frequency		AMPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.40	xxxxx	LB/DAY	xxxxx	0.57	xxxxx	мал.	0	2/Month	24H	IR Con
	PERMIT REQUIREMENT	1.50						MG/L		1/Week	24H	
	SAMPLE MEASUREMENT						j.	-				
	PERMIT REQUIREMENT						13.0					
	SAMPLE MEASUREMENT						The state of the s					
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT						4 7 Jan 2					
	PERMIT REQUIREMENT						Caber.					
	SAMPLE MEASUREMENT		i					3 -				
	PERMIT REQUIREMENT						Taylor and					
	SAMPLE MEASUREMENT						8					
	PERMIT REQUIREMENT						18.0-27					
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER	I CERTIFY UNDER PEN	VALTY OF LAW THAT I I	HAVE PERSONA	ALLY EXAMINED AND	0-	- /	-		TELEPHONE		DATE
Thomas A, Cicala Superintendant: Wastewate	er Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COM	IDIVIDUALS IMMEDIATE BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATION NAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Sybrali	mHM	illan	-	(610) 645-4215	2016	03
TYPED OR P		OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFORM DIMENT SEE 18 USC §1 ITES MAY INCLUDE FIN ETWEEN 8 MONTHS AN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE e NUMBER	YEAR	мо		

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

PAGE 3 OF 2



# 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

Facil	ity Name:	Willistown Wo	ods STP					Month:	February		Year	r: 2016
Mun	icipality:	Willistown Tov	vnship			County: Ch	ester		Permit No	p.: PA005007	5	
⊠ v	iolations of	Permit Effluent	Limitations*									
	Date	Parameter	Permit Limit	Units	Statistic		lt Units	Ca	use of Via	lation	Corrective	Action Taken
	February	CBOD5	formt	mg/L	Monthly Averag	у	mg/L	Imbalance	of flow to	orocess tanks, oval efficiency	Adjustments to mixed liquor as	balance flow and even as possible; final effluent filter
	February	TSS	17.0	mg/L	Monthly Averag		mg/L	See	CBOD5 exp	olanation	See CBOD	5 explanation
∐ s	anitary Sew	er Overflows an	d Other Unaut	horized	Discharges	s*						
		Substance Discharged	Location		Volume (gals)	Duration (hrs)	Receiving Waters	Impa Wat		Cause of	f Discharge	Date DEP Notified
					18							
-								-	-			
	ther Permit	Violations*										
	☐ Sample	collection less fr	equent than re	quired		Explain				Acres 111-20-20-20-20-20-20-20-20-20-20-20-20-20-		
		type not in comp		mit		Explain						
		n of permit sched	lule			Explain						
	Other					Explain						
*1£ #1		provided is not	t cufficient t	0 50005	d all infor	Explain	ago attach ad	lditional of	nooto			
										with a system	designed to ass	ure that qualified
												rectly responsible
												ere are significant
	alties for sul îcation).	bmitting false inf	formation, incl	uding th	ie possibilit	y of fine and	imprisonment	for knowing	violations	See 18 Pa.	C.S. § 4904 (rel	lating to unsworn
		Prepared By	: Gordon Mill	ėr				Signature:	95/04	don HM	20000	
		Title:	Assistant M	anager V	/astewater			Date:	3/23/16			

# 3800-FM-BPNPSM0440 3/2012 Pennsylvania 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.

Faci	lity Name:	Willistown	Woods	STP					Month:	Februar	У	Year	: 2016
Mun	icipality:	Willistown	Townsl	nip			County: Che	ester		Permit N	lo.: PA00500	75	
× 🗵	iolations o	of Permit Efflue	ent Lim	itations*									
	Date	Parame	eter	Permit Limit	Units	Statistic: Code	al Resu	It Units	Ca	use of Vi	olation	Corrective	Action Taken
	2/12, 2/22 2/23	2, Fecal Co	liform	1000	#col/ 100mL	Inst Max	2464	0 #col/ 100mL	See	CBOD5 e	xplanation	See CBOD	5 explanation
	February	y Ammo	nia	2.5	mg/L	Monthly Average	/ 2/	mg/L	See	CBOD5 e	kplanation	See CBOD	5 explanation
	anitary Se	wer Overflows	and O	ther Unaut	thorized	Discharges	*						
	Event Date	Substance Discharged		Location		Volume (gals)	Duration (hrs)	Receiving Waters	Impa Wat		Cause o	of Discharge	Date DEP Notified
										_			
	Other Perm	it Violations*											
		ole collection les			-		Explain						
		ole type not in co tion of permit so		ice with per	rmit		Explain Explain						
	Other	1	nedule				Explain						
	Other						Explain						
*If t	he space	provided is	not su	ıfficient t	o recor	d all infor		ase attach ad	ditional sl	neets.			
													ure that qualified
													rectly responsible
pena													ere are significant ating to unsworn
	,	Prepared	By:	Gordon Mill	er				Signature:	36	rdon HI	Miller.	
		Title:	_	Assistant M	anager W	astewater /			Date:	3/23/16			



Aqua Pennsylvania Wastewater,

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

EXCL	IRS	ON	EXP	LAN	AT	Ю
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Α				

NAME

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

Willistown Woods STP

PA0050075 (	A3)
PERMIT NUM	BER

DAY

01

001 DISCHARGE NUMBER

**FACILITY** LOCATION

Willistown Township

CountyChester WATERSHED 3G

YEAR	MO
16	02

TO

MONITORING PERIOD YEAR MO DAY 16 02 29

# CBOD5 (11-01 to 04-30)

Explanations: We realized excursions for the month of February for the following parameters: CBOD5, Total Suspended Solids, NH3 Ammonia, and Fecal Instantaneous Maximum. We have issues with the flow to each of the process lanks, where one unit would receive all the flow at times. This has caused an imbalance in nutrient loadings and nutrient removal efficiencies. We have been able to keep the flows to each process as even as possible and we are now balancing out the mixed liquor in each to maximize our nutrient removal capabilities. We are moving ahead with a new final effluent filter that will also aid in the reducing spikes in fecal coliform by eliminating the spikes in Total Suspended Solids,

Total	Susp	ende	d So	lids
-------	------	------	------	------

Explanations: See CBOD5 explanation.

#### **Fecal Coliform**

Explanations: See CBOD5 explanation.



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

PA0050075 (A3) PERMIT NUMBER

001 DISCHARGE NUMBER

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township CountvChester WATERSHED 3G

		MONITO	RING	PERIC
YEAR	MO	DAY		YE
16	02	01	TO	1

IOD EAR MO DAY 16 02 29

# Ammonia as N (11-01 to 04-30)

Explanations: See CBOD5 explanation.



Aqua Pennsylvania Wastewater,

# 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** 

**FACILITY** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

Willistown Woods STP

Willistown Township LOCATION CountyChester

WATERSHED 3G

PA00	50075
FRMIT	NUMBER

001 DISCHARGE NUMBER

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

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.

			ENDON	ATORT DATA		
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
2/1/2 <b>016</b> 11:5 <b>5:00</b> AM	14.0000					
2/2/2016 12:15:00 PM	21.0000					
2/3/2016 9:50:00 AM	24.0000	90.0000		14.0000		
2/4/2016 10:20:00 AM	14.0000					
2/5/2016 10:00:00 AM	11.0000		0.4600		7.6000	
2/6/2016 9:05:00 AM	13.0000					
2/7/2016 8:50:00 AM	13.0000					
2/8/2016 8:00:00 AM	11.0000					
2/9/2016 9:30:00 AM	5.6000					
2/10/2016 9:00:00 AM	16.0000					
2/11/2016 8:00:00 AM	30.0000					
2/12/2016 9:00:00 AM	12.0000	1920.0000		8.0000	1.5000	
2/13/2016 8:00:00 AM	31.0000					
2/14/2016 8:50:00 AM	23.0000					
2/15/2016 9:00:00 AM	15.0000					
2/16/2016 9:00:00 AM	18.0000					
2/17/2016 9:00:00 AM	21.0000					



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** 

**FACILITY** 

NAME

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

Willistown Woods STP

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA0050075
PERMIT NUMBER

001	
DISCHARGE	NUMBER

		MONITO	PRING F	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
16	02	01	TO	16	02	29

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.

			212010	TORT BATA		
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
2/18/2016 9:00:00 AM	19.0000					
2/19 <b>/2</b> 0 <b>16</b> 9:00:00 AM	31.0000	1.0000		16.0000	1.0000	
2/22/2016 9:00:00 AM	59,0000	24640.0000				
2/23/2016 8:00:00 AM	61.0000	1080 0000				
2/24/2016 9:00:00 AM	48.0000	1.0000	0.6700	19.0000	0.5400	
2/25/2016 9:00:00 AM	7.2000	1.0000				
2/26/ <b>2</b> 016 9:00:00 AM	8.8000	2.0000				
2/27/2016 9:45:00 AM						
2/28/2016 8:15:00 AM	14.0000					
2/29/2016 8:30:00 AM		1.0000			2.2000	



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)** 

rique i	cilisyivaria	wastewater,	
Inc.			

**ADDRESS** 762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010

Willistown Woods STP **FACILITY** 

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE N

NUMBER

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

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Explres

November 30, 2019

Permit Application due

June 3, 2019

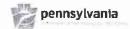
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	YPE	
Flow	SAMPLE MEASUREMENT	0.0797	0.1089		xxxxx	xxxxx	xxxxx	хххх	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	xxxx		Continuous	Mea	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.13	XXXXX	7.04		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	C	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.65	XXXXX	XXXXX	MG/L	0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.00	0.00	MG/L	0	0/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	G	3rab	
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	116.44	xxxxx	LB/DAY	XXXXX	182.80	XXXXX	МОЛ	0	5/Month	24HI	R Co	m
(Initidenti)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HF	R Co	mį
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	mp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co	mp
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY	97	7 mile			TELEPHONE	D	ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COM	PLETE I AM AWARE TH	ED INFORMATION AT THERE ARE	ON IS TRUE, SIGNIFICANT	9Vorde	mHM	Allen		(610) 645-4215	2016	04	2
TYPED OR PR		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 PRINCIPER OR AUTHOR			AREA CODE NUMBER	YEAR	мо	DA

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

PAGE 1 OF 2



NAME

Aqua Pennsylvania Wastewater,

**ADDRESS** 

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

MONITORING PERIOD

TO

YEAR

16

PA0050075 PERMIT NUMBER

MO

03

DAY

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YEAR

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001 DISCHARGE NUMBER

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DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

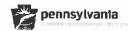
NOTE: Read instructions before completing this form

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMPL	
We Chicality (We)		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		ΓΥΡΕ	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	5.50	xxxxx	LB/DAY	xxxxx	8.42	XXXXX	MG/L	0	5/Month	24H	R Co	np
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	10.36	XXXXX	LB/DAY	XXXXX	15,31	ххххх	MG/L	0	30/Month	24H	R Co	np
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	np
Total Suspended Solids	SAMPLE MEASUREMENT	245.03	XXXXX	LB/DAY	XXXXX	382.00	XXXXX	MG/L	0	5/Month	24H	R Co	np
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	np
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	3.00	1150.00	COL/100ML	1	12/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	\$COL/100ML		1/Week	C	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	np
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co	np
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.45	xxxxx	LB/DAY	XXXXX	0.71	XXXXX	MG/L	0	5/Month	24HI	R Co	np
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HI	R Co	np
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	E INFORMATION SUBI	AITTED HEREIN	AND BASED ON MY	0_				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COM	IDIVIDUALS IMMEDIATE BELIEVE THE SUBMITT PLETE I AM AWARE TH MITTING FALSE INFORM	ELY RESPONSI ED INFORMATION NAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	9Vozo	on H	Mill		(610) 645-4215	2016	04	27
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC 5	1001 AND 33 US IES UP TO \$10.0	C \$1319, (PENALTIES	5-40-0000000000000000000000000000000000	RE OF PRINCIF R OR AUTHOF			AREA CODE NUMBER	YEAR	мо	DA

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



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

CICI OCCOMINA	OIOOI MITOL LLI	WIND THOU OF CITE
DISCHARG	E MONITORING	REPORT (DMR)

MONITORING PERIOD

TO

YEAR

16

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

03

DAY

01

YEAR

16

001

DISCHARGE NUMBER

MO

03

DAY

31

Monthly Reporting Frequency

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.51	xxxxx	LB/DAY	xxxxx	0.79	xxxxx	мал	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	xxxxx	MG/L		1/Week	24H	R Co
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT									e		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	E INFORMATION SUBM	NITTED HEREIN	AND BASED ON MY	0 .				TELEPHONE	t	DATE
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I I ACCURATE AND COMI PENALTIES FOR SUBM	DIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATION (AT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	97000		nill		(610) 645-4215	2016	04
TYPED OR PR		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. ER OR AUTHOR			AREA CODE NUMBER	YEAR	MO

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

SEE SUPPLEMENT SHEETS

PAGE 3 OF 2



# 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.

Faci	lity Name	Willistown	Woods S	TP						Month:	March		Yea	r: 2016
Mun	icipality:	Willistown	Township	)			County: Ch	ester		-	Permit No.:	PA005007	5	
<b>X</b>	iolations o	of Permit Efflue	nt Limita	ations*										
	Date	Parame		Permit Limit	Units	Statistic Code	al Resu	lt U	nits	Ca	use of Viola	tion	Corrective	Action Taken
	3/4	Fecal Col	iform	1000	#col/ 100mL	Inst Ma	x 1150	1			h ballast pack ed the unit's p		purchased for	ent ballast were the unit, should not moving forward
	anltary Se	wer Overflows	and Oth	er Unaut	thorized	Discharges	s*						o	
	Event Date	Substance Discharged	L	Location		Volume (gals)	Duration (hrs)	Receiv Wate		Impa Wat		Cause of	f Discharge	Date DEP Notified
										-10110				
		it Violations*												
	The state of the s	le collection les le type not in co	•				Explain Explain							
		ion of permit scl		with per			Explain							
	Other						Explain							
	Other						Explain	***************************************						
		provided is												
														sure that qualified irectly responsible
														ere are significant
pen											violations.	See 18 Pa.	C.S. § 4904 (re	elating to unsworn
		Prepared	By: Go	ordon Mille	er				Si	gnature;	Nova	on 219	niller	
		Title:	As	sistant M	anager W	astewater			Da	ate:	4/23/16			



Aqua Pennsylvania Wastewater,

Inc.

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

Brvn Mawr. Pennsylvania 19010

FACILITY

LOCATION

NAME

Willistown Woods STP

Willistown Township
CountyChester

WATERSHED 3G

PA0050075 (A3) PERMIT NUMBER

001 DISCHARGE NUMBER

		MONITO	RING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	03	01	TO	16	03	31

# **Fecal Coliform**

Explanations: We realized an excursion for Instantaneous Maximum for Fecal Coliform for the month of March with a level of 1150 #col/100mL and a permit limit of 1000 #col/100mL. We found that we had Issues with a couple of the ballast packs in the UV unit that led to the unit not operating at its full potential. Replacement ballasts were purchased for the unit and we don't feel this will be an issue going forward.



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 Willistown Woods STP

FACILITY

LOCATION

Willistown Township
CountyChester

WATERSHED 3G

PA00	50075
PERMIT	NUMBER

001
DISCHARGE NUMBER

		MONITO	DRING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	03	01	TO	16	03	31

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

Sample Date	Total Suspended	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3)
annipro moso	Solids	. coai contoini	i modpiloros da f	00000	as Nitrogen
3/1/2016 9:00:00 AM	21,0000				
3/2/2016 8:30:00 AM	13.0000				
3/3/2016 12:15:00 PM	13.0000				
3/4/2016 9:15:00 AM	12.0000	1150.0000	0.4800	10.0000	1.3000
3/5/2016 9:00:00 AM	21.0000				
3/6/2016 9:00:00 AM	30.0000				THE CANON
3/7/2016 9 00:00 AM	38.0000				
3/8/2016 12:30:00 PM	26.0000				
3/9/2016 8:15:00 AM	33.0000	1.0000	1.1000	15.0000	0.5000
3/10/2016 10:30:00 AM	13.0000			711111111111111111111111111111111111111	
3/11/2016 8:00:00 AM	29.0000	1.0000			
3/12/2016 8:00:00 AM	13.0000				
3/13/2016 8:00:00 AM	13 D000				
3/14/2016 9:00:00 AM	14.0000	510.0000			
3/15/2016 8:00:00 AM	16.0000	1.0000			
3/16/2016 8:30:00 AM	9.6000	1.0000	1.0000	6.1000	0.5100
3/17/2016 8:30:00 AM	4.8000				



NAME Aqua Pennsylvania Wastewater

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

FACILITY

LOCATION

Willistown Woods STP

Willistown Township CountyChester

WATERSHED 3G

PA00	50075
PERMIT	NUMBER

001	
DISCHARGE	NUMBER

		MONITO	RING F	PERIOD			
YEAR	MO	DAY		YEAR	MO	DAY	
16	03	01	TO	16	03	31	

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

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
3/18/2016 8:30:00 AM	23,0000	1.0000			
3/19/2016 9:55:00 AM	13.0000				
3/20/2016 9:05:00 AM	11.0000				
3/21/2016 9:00:00 AM	8.0000	1.0000			
3/22/2016 9:00:00 AM	12.0000	1.0000	IIII III III III III III III III III I		
3/23/2016 8:45:00 AM	7.6000	1.0000	0.6800	7.2000	0.7600
3/24/2016 1:00:00 PM	8.0000				
3/25/2016 7:30:00 AM	5.2000	1.0000			
3/26/2016 9:15:00 AM	16,0000				
3/27/2016 8:00:00 AM	20.0000				
3/29/2016 8:50:00 AM	7,6000				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
3/30/2016 8:30:00 AM	5.2000	1.0000	0.6700	3.8000	0.5000
3/31/2016 8:30:00 AM	3.2000				



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

ADDRES	SS

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Waslewaler,

Brvn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township Chester County

WATERSHED 3G

PA005	0075
PERMIT	NUMBER

001 DISCHARGE NUMBER

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

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	lG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	2
Flow	SAMPLE MEASUREMENT	0.0856	0.1139		xxxxx	xxxxx	XXXXX	хххх	0	Continuous	Ме	asure	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	ххххх	XXXXX	хххх		Continuous	Me	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.15	XXXXX	7.06		0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.10	XXXXX	XXXXX	MG/L	0	30/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	Graf		
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.00	0.00	MG/L	0	0/Month	Gra <b>Gr</b> a		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily			
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	90.53	XXXXX	LB/DAY	XXXXX	140.75	XXXXX	MG/L	D	4/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HR Cor		m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HI	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Cor		m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUB!	MITTED HEREIN	AND BASED ON MY	0, , 0,,,,,				TELEPHONE	DAT		
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 OF FINE AND IMPRISONMENT SEE 18 USC §1019 (AD 03) USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT SE BETWEEN 6 MONTHS AND 5 YEARS)			ON IS TRUE, SIGNIFICANT	Trousen A Million				(610) 645-4215	2016	05	2
TYPED OR PR	INTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER	YEAR	MO	D	

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)
DISCHARGE MONITORING REPORT (DMR)

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

001
DISCHARGE NUMBER

		MONITO	RING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	04	01	TO	16	04	30

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	TPE
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.56	xxxxx	LB/DAY	xxxxx	3.68	xxxxx	MG/L	0	4/Month	24H	R Co	ımı
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	5.10	XXXXX	LB/DAY	XXXXX	7.03	ххххх	MG/L	0	23/Month	24H	R Co	ımı
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L	Ť1	1/Week	24HR C		m
Total Suspended Solids	SAMPLE MEASUREMENT	143.92	XXXXX	LB/DAY	XXXXX	227.00	XXXXX	MG/L	0	4/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HR Co		m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	1.00	1.00	COL/100ML	0	4/Month	Grab <b>Grab</b>		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week			
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXXX		XXXXX	MG/L	0		24HR (		mı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR C		mj
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.35	XXXXX	LB/DAY	XXXXXX	0.53	XXXXX	MG/L	0	4/Month	24H	R Co	ımt
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN				0, 0,000				TELEPHONE		ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INIDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENAL THES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE IB 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.)			LE FOR OBTAINING ON IS TRUE, SIGNIFICANT	ING Symoton Hi			er	(610) 645-4215	2018	05	2
TYPED OR PR	INTED				SIGNATURE OF PRINCIPAL EXECUTIV OFFICER OR AUTHORIZED AGENT			is the later of	AREA CODE NUMBER	YEAR	МО	D.	

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

SEE SUPPLEMENT SHEETS

PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION

**MONITORING PERIOD** 

TO

DAY

01

YEAR

16

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

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

PA0050075 **PERMIT NUMBER** 

MO

04

YEAR

16

001 DISCHARGE NUMBER

MO

04

DAY

30

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To Permit Expires

November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALIT	Y OR CONCENT	TRATION		NO.	Frequency		AMPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Phosphorus	SAMPLE MEASUREMENT	1.26	xxxxx	LB/DAY	xxxxx	1.75	xxxxx	MG/L MG/L	1	7/Month	24H	R Cor	Comp
	PERMIT REQUIREMENT	1.50								1/Week	24H	R Co	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER	AM FAMILIAR WITH TH	NALTY OF LAW THAT I	MITTED HEREIN	AND BASED ON MY	0	010	no c		TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewate	r Operations	THE INFORMATION. I	NDIVIDUALS IMMEDIAT BELIEVE THE SUBMITT PLETE, I AM AWARE TI	ED INFORMATION AT THERE ARE	ON IS TRUE, SIGNIFICANT	Syond	on HI		er	(610) 645-4215	2016	05	2
TYPED OR PI		OF FINE AND IMPRISO	MITTING FALSE INFORI DNMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AF	OIGHTIONE OF THIRDS HE EXECUTIVE				AREA CODE NUMBER	YEAR	мо	DA		

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

PAGE 3 OF 2



Williotown Woods CTD

# 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:	Willistown Woo	ds STP					Month:	April		Year	2016	
Municipality:	Willistown Tow	nship			County: Che	ester		Permit No.	: PA005007	5		
⊠ Violations	of Permit Effluent L	imitations*										
Date	Parameter	Permit Limit	Units	Statistic		t Units	Ca	use of Viol	ation	Corrective Action Taker		
April	Total Phosphorus	1.0	mg/L	Monthly Averag		mg/L	allowing	chemical fe the pump to d amount of		service, and a	ouilt and back in new replacement as ordered	
	ewer Overflows and	Other Unau	thorized	Discharges								
Event Date				Receiving Waters	Impac Wate		Cause of	Discharge	Date DEP Notified			
				- 22 - CHINI-HAY								
Other Pern	nit Violations*										1	
	ple collection less fre	guent than re	auired		Explain							
77.730000000	ple type not in compli											
	ation of permit schedu	ıle			Explain							
Othe					Explain							
	er			d all !u.f	Explain							
Othe	n munuidad in mat		o recor									
If the space certify under personnel gath or gathering t	e provided is not r penalty of law tha her and evaluate the the information, the submitting false info	it this docum information information s	nent was submitte submitted	d. Based o	n my inquiry o best of my kno	of the person or owledge and be	persons who	o manage t curate and	he system or t complete. I a	hose persons di m aware that the	ectly responsible re are significan	
If the space certify under personnel gath or gathering to penalties for s	r penalty of law tha her and evaluate the the information, the	t this docume information information spreading income the control of the control	nent was submitte submitted luding th	d. Based o	n my inquiry o best of my kno	of the person or owledge and be	persons who	o manage t curate and violations.	he system or t complete. I a See 18 Pa. (	hose persons di m aware that the	ectly responsible ere are significant ating to unswort	



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

# **EXCURSION EXPLANATION**

ADDRESS

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

CountvChester

WATERSHED 3G

PA0050	075 (A3)
PERMIT	NUMBER

001	
DISCHARGE	NUMBER

		MONITO	DRING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	04	01	TO	16	04	30

# **Total Phosphorus**

Explanations: We realized an excursion for Total Phosphorus in the month of April with a level of 1.75 mg/L and a permit limit of 1.0 mg/L. We discovered that a chemical feed pump for our DelPac for one process tank had an issue with a indexing plate that was intermittent, not allowing the pump to deliver the required amount of chemical. The pump was rebuilt and back in service, while a new unit of a different style was ordered. The new pump is in service at the time, and the Phosphorus limits are well within permit requirements for the month of May.



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

Brvn Mawr, Pennsylvania 19010

762 West Lancaster Avenue

Willistown Woods STP

PA0050075 PERMIT NUMBER

001
DISCHARGE NUMBER

FACILITY

LOCATION Willistown Township

CountyChester

WATERSHED 3G

		MONITO	DRING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16 04	01	TO	16	04	30	

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

			EADOTO	TON DATA	
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
4/1/2016 8:30:00 AM	4.0000				
4/2/2016 9:40:00 AM	11.0000			· ·	
4/3/2016 9:25:00 AM	11.0000				
4/4/2016 9:00:00 AM	10.0000				
4/5/2016 9:00:00 AM	4.8000				
4/6/2016 8:00:00 AM	4.0000	1.0000	0.9600	2.5000	0.5000
4/7/2016 9:00:00 AM	7.6000				
4/8/2016 8:30:00 AM	2,8000				
4/9/2016 8:55:00 AM	15.0000				
4/10/2016 9:25:00 AM	20.0000				
4/11/2016 8:00:00 AM	7.2000				
4/12/2016 9:00:00 AM	5.2000				
4/13/2016 8:30:00 AM	4.8000	1,0000	0.6600	3,9000	0.5000
4/14/2016 8:00:00 AM	6.8000				
4/15/2016 8:00:00 AM	3.6000				
4/16/2016 9:55:00 AM	12.0000				
4/17/2016 9:40:00 AM	13.0000				



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** 

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Bryn Mawr, Pennsylvania 19010

Willistown Woods STP **FACILITY** 

LOCATION Willistown Township

CountyChester

WATERSHED 3G

PA0050075						
PERMIT	NUMBER					

MO

04

DAY

01

YEAR

16

001	
DISCHARGE	NUMBER

MO

04

DAY

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

MONITORING PERIOD

TO

YEAR

16

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
4/18/2016 8:00:00 AM	2.0000					
4/19/2016 8:00:00 AM	2,4000					
4/20/2016 8:30:00 AM	5.6000	1.0000	2.4000	6.0000	0.5000	
4/25/2016 8:30:00 AM	2.4000					
4/26/2016 8:00:00 AM	4.4000					
4/27/2016 8:30:00 AM	2.0000	1.0000	2.0000	2.3000	0.6200	
4/28/2016 9:30:00 AM			2.1000			
4/29/2016 8:30:00 AM			2.0000			
4/30/2016 9:00:00 AM			2.1000			



DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUREAU OF WATER STANDARD AND FACILITY REGULATION NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

COMMONWEALTH OF PENNSYLVANIA

**DISCHARGE MONITORING REPORT (DMR)** 

**ADDRESS** 

NAME

762 West Lancaster Avenue

Aqua Pennsylvania Wastewater,

Brvn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

YEAR

16

001

DISCHARGE NUMBER

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

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

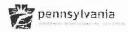
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Flow	SAMPLE MEASUREMENT	0.0937	0.1489		XXXXX	xxxxx	xxxxx	хххх	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	ххххх	хххх		Continuous	Mea	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	7.13		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	0	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	XXXX	6.63	XXXXX	XXXXX	MG/L	0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	0	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	Gra		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	0.05	0.12	MG/L		Dally	Grat		
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	119.59	XXXXX	LB/DAY	XXXXX	161.25	XXXXX	MG/L	0	4/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Ca	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.28	XXXXX	LB/DAY	xxxxx	2.23	XXXXX	MG/L	0	4/Month	24HI	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBM	MITTED HEREIN	AND BASED ON MY	21	0100	25.4.		TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COMP PENALTIES FOR SUBA	ELIEVE THE SUBMITT	ED INFORMATION	N IS TRUE, SIGNIFICANT		m H M			(810) 645-4215	2016	06	2
TYPED OR PR	INTED	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	D	

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

PAGE 1 OF 2



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 16
 05
 01
 TO
 16
 05
 31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

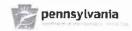
NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0	0/Month	24H	R Co	me
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	ххххх	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	2.21	xxxxx	LB/DAY	xxxxx	2.63	XXXXX	MG/L,	0	29/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17,00	XXXXX	MG/L		1/Week	24H1	R Co	ml
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	180.48	XXXXX	LB/DAY	XXXXX	235,00	XXXXX	MG/L	0	4/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	XXXXX	1.00	1.00	COL/100ML	0	4/Month	Gra		
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.43	xxxxx	LB/DAY	XXXXX	0.72	XXXXX	MG/L	0	4/Month	24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Ca	mį
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0		24H	R Co	mr
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	XXXXX	MG/L		1/Week	24HI	R Co	mi
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBM	AITTED HEREIN	AND BASED ON MY	a	0/00	wa .		TELEPHONE		ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COMP	ELIEVE THE SUBMITT LETE. I AM AWARE TH	ED INFORMATION  AT THERE ARE	N IS TRUE, SIGNIFICANT		mHM			(610) 645-4215	2015	06	2
TYPED OR PR		PENALTIES FOR SUBN OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 FES MAY INCLUDE FIN	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 2 OF 2



NAME

Aqua Pennsylvania Wastewater,

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

**FACILITY** 

**ADDRESS** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

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

MONITORING PERIOD

TO

YEAR

16

DAY

01

PA0050075 PERMIT NUMBER

MO

05

YEAR

16

001 DISCHARGE NUMBER

MO

05

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	Frequency	SAME	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	TYP	YPE
Total Phosphorus	SAMPLE MEASUREMENT	0.19	xxxxx	LB/DAY	xxxxx	0.33	xxxxx	MG/L	0	4/Month	24HI	R Coi
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	XXXXX	MG/L		1/Week	24Hi	R Co
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY				٠				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			Wordon H Miller			lr.	(610) 645-4215	2015	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 8 MONTHS AND 5 YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				e AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS

PAGE 3 OF 2



Aqua Pennsylvania Wastewater,

762 West Lancaster Avenue Bryn Mawr, Pennsylvania 19010

**FACILITY** 

**ADDRESS** 

NAME

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

PA0050075 **PERMIT NUMBER** 

16

001 DISCHARGE NUMBER

MONITORING PERIOD YEAR YEAR MO DAY MO DAY TO 06 01 16 06 30

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

**DMR Effective To** 

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

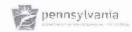
June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Flow	SAMPLE MEASUREMENT	0.1280	0.1727		xxxxx	xxxxx	XXXXX	xxxx	0	Continuous	Mea	asure
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Mea	asur
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.11	XXXXX	7.96		0	30/Month	c	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	G	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.45	XXXXX	XXXXX	MG/L	0	30/Month	C	3rab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	G	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	C	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Dally	G	Grab
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	175.31	XXXXX	LB/DAY	xxxxx	173.60	XXXXX	MG/L	0	5/Month	24H	R Co
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HF	R Co
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.01	xxxxx	LB/DAY	xxxxx	2.00	XXXXX	MG/L	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	PERMIT 12.00 VVVVV I BIDAY VVVVV O FO VVVVV		XXXXX	MG/L		1/Week	24HF	R Co			
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	MITTED HEREIN	AND BASED ON MY	2	010			TELEPHONE	C	DATE
Thomas A. Cicala SuperIntendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I E ACCURATE AND COMP	BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ED INFORMATION	ON IS TRUE, SIGNIFICANT	Syorol	on 47	mill		(610) 645-4215	2016	07
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §	1001 AND 33 US IES UP TO \$10.0	C 61319 (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	MO

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



Aqua Pennsylvania Wastewater

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

MONITORING PERIOD YEAR YEAR MO DAY MO DAY TO 16 06 01 16 06 30

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To Permit Expires

November 30, 2019 November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	ĒΧ	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	ımr
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	1.84	XXXXX	LB/DAY	XXXXX	1.84	XXXXX	MG/L	D	5/Month	24H	R Co	mı
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	301.36	XXXXX	LB/DAY	xxxxx	302.40	XXXXX	MG/L	0	5/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	1/Week 24HR		m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	1.00	COL/100ML	0	5/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.50	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	5/Month	24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24H	R Co	mı
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	МGЛ	0		24H	R Co	ımı
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	LB/DAY XXXXX 2.50 XXXXX MG/L			1/Week	24H	R Co	m		
INTERPOLATION OF THE PRINCIPAL EXECUTIVE OFFICER INTERPOLATION SUBMITTED HE		AITTED HEREIN .	AND BASED ON MY	0 -				TELEPHONE	t	DATE			
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COMI PENALTIES FOR SUBN	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE, I AM AWARE TH MITTING FALSE INFORT	ELY RESPONSIB ED INFORMATIC HAT THERE ARE MATION INCLUDE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT ING THE POSSIBILITY		RE OF PRINCIP	40 (40)		(610) 645-4215	2016	07	
TYPED OR PR	NTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §' TES MAY INCLUDE FIN	1001 AND 33 USO SES UP TO \$10,00	\$1319 (PENALTIES 00 AND OR MAXIMUM		R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	D

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



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

MONITORING PERIOD

TO

- N	A	8.8	
- 17	~	m	

Aqua Pennsylvania Wastewater,

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

on minimum and	TOTAL SERVICE
PA005	50075
PERMIT	NUMBER

MO

06

DAY

01

YEAR

16

001 DISCHARGE NUMBER

MO

06

YEAR

16

DAY

30

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

**DMR Effective To** 

November 30, 2019

Permit Expires

November 30, 2019

June 3, 2019

Permit Application due

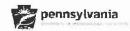
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.72	xxxxx	LB/DAY	xxxxx	0.75	xxxxx	MG/L	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	xxxxx	MG/L		1/Week	24H	R Co
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
4:	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT				(5							
	SAMPLE MEASUREMENT						1:					
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER		IE INFORMATION SUBM	ATTED HEREIN	AND BASED ON MY	0 -				TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewate	er Operations	INQUIRY OF THOSE IN THE INFORMATION. II ACCURATE AND COM	BELIEVE THE SUBMITT	ED INFORMATION	ON IS TRUE, SIGNIFICANT	9Vora		Mil		(610) 645-4215	2016	97
TYPED OR P		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC 61	1001 AND 33 US IES UP TO \$10,0	C 61319 (PENALTIES		RE OF PRINCIP. ER OR AUTHOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS



NAME

Aqua Pennsylvania Wastewater,

**ADDRESS** 762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

TO

16

PA0050075 PERMIT NUMBER

MO

07

DAY

01

YEAR

16

001 DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

07

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

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June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	:
Flow	SAMPLE MEASUREMENT	0.1195	0.2353		XXXXX	xxxxx	xxxxx	xxxx	0	Continuous	Ме	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Me	asur	ed
pH	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.40	XXXXX	7.71		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.36	XXXXX	xxxxx	MG/L	0	31/Month	(	3rab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	xxxxx	0.00	0.00	MG/L	0	0/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	xxxxx	0.05	0.12	MG/L		Daily	(	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	170.96	XXXXX	LB/DAY	xxxxx	143.25	xxxxx	MG/L	0	4/Month	24H	R Co	mţ
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	mţ
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.35	xxxxx	LB/DAY	xxxxx	2.00	XXXXX	MG/L	0	4/Month	24HI	R Co	mp
	DEDMIT		LB/DAY	xxxxx	8.50	XXXXX	MG/L		1/Week	24HI	R Co	mţ	
ME/TITLE PRINCIPAL EXECUTIVE OFFICER  I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSON AM FAMILIAR WITH THE INFORMATION SUBMITTED HERE		MITTED HEREIN	AND BASED ON MY	Quart!	0/0	9.7		TELEPHONE		ATE			
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION I B ACCURATE AND COMP	DIVIDUALS IMMEDIATE ELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIB ED INFORMATIO HAT THERE ARE	ILE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Stord	32 H/	Ille		(610) 645-4215	2016	08	2
TYPED OR PR		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	1001 AND 33 US	61319. (PENALTIES	200000000000000000000000000000000000000	RE OF PRINCIP R OR AUTHOR		10000000	AREA CODE NUMBER	YEAR	MO	D

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

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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)

MONITORING PERIOD

TO

DAY

01

YEAR

16

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

	PA0050075	
F	ERMIT NUMBER	

MO

07

YEAR

16

001 DISCHARGE NUMBER

MO

07

DAY

31

Reporting Frequency Monthly

DMR Effective From

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0	0/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	1.98	xxxxx	LB/DAY	xxxxx	1.70	xxxxx	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	₹ Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	252.36	XXXXX	LB/DAY	xxxxx	204.50	XXXXX	MG/L	0	4/Month	24HI	R Co	m
Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	xxxxx	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	2.00	7.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	xxxxx	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	1.08	xxxxx	LB/DAY	xxxxx	0.75	XXXXX	MB/L	0	4/Month	24HI	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	xxxxx	0.90	XXXXX	MG/L		1/Week	24HI	₹ Co	m
Ammonla as N (11-01 to	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0		24HI	R Co	m
04-30)	PERMIT REQUIREMENT	3.50 YYYYY IR/DAY YYYYY 3.50 YY		XXXXX	MG/L	4495-	1/Week	24HF	₹ Co	m			
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER		ERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AN			01	2/2			TELEPHONE	[]	ATE	
Thomas A. Cicala  Thomas A. Cicala  INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONDED THE REPORTATION. I BELIEVE THE SUBMITTED INFOR Superintendant: Wastewater Operations  PENALTIES FOR SUBMITTING FALSE INFORMATION IN		ELY RESPONSIB ED INFORMATIO IAT THERE ARE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT		mHM			(610) 645-4215	2016	DB			
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	1001 AND 33 US0 IES UP TO \$10,0	5 51319 (PENALTIES			CIPAL EXECUTIVE		AREA CODE NUMBER	YEAR	МО	D

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



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)

MONITORING PERIOD

TO

DAY

01

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

07

YEAR

16

001

YEAR

16

DISCHARGE NUMBER

MO

07

DAY

31

Reporting Frequency

Monthly

DMR Effective From

DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

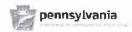
Check here if No Discharge

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Parameter		QUANT	ITY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		MPL
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.66	xxxxx	LB/DAY	xxxxx	0.55	xxxxx	MG/L	0	4/Month	24H	R Cor
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	xxxxx	MG/L		1/Week	24HI	R Cor
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	MEASUREMENT PERMIT REQUIREMENT SAMPLE											
	SAMPLE MEASUREMENT	Terror Cramb App.										
	PERMIT REQUIREMENT	·										
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
					01				TELEPHONE	E	DATE	
Thomas A. Cicala Superintendant: Wastewate	er Operations	AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND B INQUIRY OF THOSE INDIVIDUALS MIMEDIATELY RESPONSIBLE FO THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS T ACCURATE AND COMPLETE, IAM AWARE THAT THERE ARE SIGN!			BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		mHM			(610) 645-4215	2016	.08
TYPED OR P		OF FINE AND IMPRISO	MITTING FALSE INFORM DIMENT SEE 18 USC §1 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	001 AND 33 US ES UP TO \$10,0	ING THE POSSIBILITY C §1319. (PENALTIES 00 AND OR MAXIMUM	SIGNATURE OF PRINCIPAL OFFICER OR AUTHORIZ				AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS



NAME

Aqua Pennsylvania Wastewater,

Inc.

**ADDRESS** 

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

PA0050075 PERMIT NUMBER 001 DISCHARGE NUMBER

		MONITO	RING F	PERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
16	08	01	TO	16	08	31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

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Permit Expires

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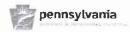
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Parameter	:	QUANTI	TY OR LOADIN	1G	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMP	101
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Flow	SAMPLE MEASUREMENT	0.1177	0.1594		xxxxx	xxxxx	xxxxx	xxxx	0	Continuous	Ме	asur	ad
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Me	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.40	XXXXX	7.52		0	31/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	6.08	XXXXX	XXXXX	MG/L	0	31/Month	. (	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MG/L		Daily		Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	127.15	XXXXX	LB/DAY	xxxxx	133.60	xxxxx	MG/L	0	5/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24H	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.92	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	5/Month	24H	R Co	ımı
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	xxxxx	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	WITTED HEREIN	AND BASED ON MY	9				TELEPHONE	E	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COMI PENALTIES FOR SUBM	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATIO	ON IS TRUE, SIGNIFICANT		on HM			(610) 645-4215	2016	09	, 2
TYPED OR PR	101-20-14	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US	C 61319 (PENALTIES		RE OF PRINCIP R OR AUTHOR	N IS BY STOPPING		AREA CODE NUMBER	YEAR	МО	D.

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

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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** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 16
 08
 01
 TO
 16
 08
 31

Reporting Frequency

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	1	TYPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		xxxxx	LB/DAY	xxxxx		xxxxx	MG/L.	0	0/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	МЭЛ		1/Week	24HI	R Co	mį
Total Suspended Solids	SAMPLE MEASUREMENT	1.05	XXXXX	LB/DAY	XXXXX	1.08	XXXXX	MG/L	0	5/Month	24H	R Co	mp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L	Francisco de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composi	1/Week	24HI	R Co	ml
Total Suspended Solids	SAMPLE MEASUREMENT	264.14	XXXXX	LB/DAY	xxxxx	277.20	XXXXX	MG/L	0	5/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	1.00	1.00	COL/100ML	0	5/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.47	XXXXX	LB/DAY	xxxxx	0.50	XXXXX	MG/L	0	7/Month	24H	R Co	m
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co	m
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0		24H	R Co	mp
04-30)	PERMIT " REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	xxxxx	MG/L		1/Week		R Co	mt
AME/TITLE PRINCIPAL EXECUTIVE OFFICER  I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PER AM FAMILIAR WITH THE INFORMATION SUBMITTED H		ATTED HEREIN	AND BASED ON MY	00	21-			TELEPHONE	! [	DATE			
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I B ACCURATE AND COMP DENALTIES FOR SURA	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATIC	ON IS TRUE, SIGNIFICANT		nHMi			(610) 645-4215	2016	09	2
TYPED OR PR	NTED	OF FINE AND IMPRISO UNDER THESE STATU	NMENT SEE 18 USC §	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				МО	D

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

SEE SUPPLEMENT SHEETS



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

MONITORING PERIOD

TO

DAY

01

YEAR

16

Acus Deposition in Mantaurates	BUREAU OF WATER STANDARD AND FACILITY REGULATION
Aqua Pennsylvania Wastewater, Inc.	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPD
IIIC.	DISCHARGE MONITORING REPORT (DMR)

YEAR

16

A D	DE	250	22

NAME

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

FACILITY

Willistown Woods STP

Willistown Township
Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE
Total Phosphorus	SAMPLE MEASUREMENT	0.83	xxxxx	LB/DAY	xxxxx	0.86	xxxxx	MG/L	0	7/Month	24H	R Con
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	xxxxx	1.00	XXXXX	MG/L		1/Week	24H	R Con
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT	4										
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	VITTED HEREIN	AND BASED ON MY	0_				TELEPHONE		DATE
Thomas A. Cicala Superintendant: Wastewate	er Operations	INQUIRY OF THOSE IN THE INFORMATION, I I ACCURATE AND COMI PENALTIES FOR SUBM	BELIEVE THE SUBMITT	ED INFORMATION	ON IS TRUE.		tonH7			(610) 645-4215	2015	os
TYPED OR P	RINTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	INMENT SEE 18 USC § ITES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10,0	C 61319 /PENALTIES		RE OF PRINCIP. ER OR AUTHOR			AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS



NAME Aqua

Aqua Pennsylvania Wastewater,

762 West Lancaster Avenue

Inc.

\_\_\_\_

Bryn Mawr, Pennsylvania 19010

FACILITY

**ADDRESS** 

Willistown Township

Willistown Woods STP

Chester County

WATERSHED 3G

COMMONWEALTH OF PENNSYLVANIA
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Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

1010111001 00, 2010

Permit Application due

November 30, 2019 June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
Flow	SAMPLE MEASUREMENT	0.1124	0.1658		xxxxx .	xxxxx	xxxxx	xxxx	0	Continuous	Me	asure	∌d
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Mea	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	6.56	XXXXX	7.43		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	6.36	xxxxx	xxxxx	MG/L	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	xxxxx	XXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.00	0.00	MG/L	0	0/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	C	3rab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	126.88	xxxxx	LB/DAY	ххххх	142.50	xxxxx	MG/L	0	4/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HF	₹ Ço	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.83	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	4/Month	24HI	R Co	mp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	xxxxx	8.50	XXXXX	MG/L		1/Week	24HF	₹ Co	mį
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	ATTED HEREIN	AND BASED ON MY	9.		And the tention		TELEPHONE	С	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I B ACCURATE AND COMP	ELIEVE THE SUBMITT	ED INFORMATIONATION AT THERE ARE	IN IS TRUE, SIGNIFICANT		m H M			(610) 645-4215	2016	10	2
TYPED OR PR	Via para residente	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 TES MAY INCLUDE FIN	1001 AND 33 US ES UP TO \$10.0	C \$1319 (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	0

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

FACILITY

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

YEAR

16

001

DISCHARGE NUMBER

 MO DAY
 YEAR
 MO DAY

 09
 01
 TO
 16
 09
 30

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter	and the second	QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMP	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	Ē:
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	Pri Cia. Grand	xxxxx	LB/DAY	xxxxx		xxxxx	MG/L	0	D/Month	24H	R Co	mp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24H	R Co	ımı
Total Suspended Solids	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.65	XXXXX	MG/L	0	4/Month	24H	R Co	mı
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24H	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	252.84	XXXXX	LB/DAY	XXXXX	279,00	XXXXX	MG/L	0	4/Month	24H	R Co	ımı
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24H	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	1.00	1.00	COL/100ML	0	4/Month	. (	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT	0.46	XXXXX	LB/DAY	XXXXX	0.50	хюхх	MG/L	0	4/Month	24H	R Co	ımı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	ххххх	MG/L		1/Week	24H	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	xxxxx		XXXXX	MG/L	0		24H	R Co	mp
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	xxxxx	2.50	XXXXX	MG/L		1/Week	24HI	R Co	mį
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN	ALTY OF LAW THAT I HE INFORMATION SUBM	HAVE PERSONA	LLY EXAMINED AND AND BASED ON MY	0.				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION I B ACCURATE AND COMP FENALTIES FOR SUBM	DIVIDUALS IMMEDIATE ELIEVE THE SUBMITTI LETE I AM AWARE TH	ELY RESPONSIB ED INFORMATION INT THERE ARE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT		man Alma		TIVE	(610) 645-4215	2016	10	2
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §1 FES MAY INCLUDE FIN	001 AND 33 US ES UP TO \$10,0	0 § 1319. (PENALTIES		RE OF PRINCIF R OR AUTHOR			AREA CODE NUMBÉR	YEAR	МО	D/

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

SEE SUPPLEMENT SHEETS



NAME

Aqua Pennsylvania Wastewater,

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

**FACILITY** 

**ADDRESS** 

Willistown Woods STP

Chester County

LOCATION Willistown Township

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)** 

PA0050075 PERMIT NUMBER

YEAR

16

001

DISCHARGE NUMBER

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

Reporting Frequency Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		MPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	I	YPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.60	xxxxx	LB/DAY	xxxxx	0.65	xxxxx	MG/L	0	4/Month	24H	R Col	nt
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HI	R Co	np
	SAMPLE MEASUREMENT									4			
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT	i i											
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT	1								The state of the s			
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXI	ECUTIVE OFFICER	I CERTIFY UNDER PER AM FAMILIAR WITH TH	IE INFORMATION SUBM	MITTED HEREIN	AND BASED ON MY	2	01000			TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewat	ter Operations	INQUIRY OF THOSE IN THE INFORMATION II ACCURATE AND COM	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATION  LAT THERE ARE	ON IS TRUE, SIGNIFICANT		27 H Mi			(610) 645-4215	2016	r	24
TYPED OR F		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	MITTING FALSE INFORM INMENT SEE 18 USC § ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US ES UP TO \$10,0	ING THE POSSIBILITY C §1319 (PENALTIES 00 AND OR MAXIMUM		RE OF PRINCIP. ER OR AUTHOR			AREA CODE NUMBER	YEAR	мо	() t

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



NAME

Aqua Pennsylvania Wastewater,

**ADDRESS** 

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

PA0050075 PERMIT NUMBER

MO

10

YEAR

16

001

DISCHARGE NUMBER

MONITORING PERIOD DAY YEAR MO DAY TO 10 01 16 31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

**DMR Effective To** 

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

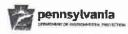
June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	100
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	'	YPE	
Flow	SAMPLE MEASUREMENT	0.0748	0.1282		XXXXX	xxxxx	xxxxx	xxxx	0	Continuous	Me	asure	bs
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	хххх		Continuous	Me	asun	∌d
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.68	XXXXX	7.75		0	20/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	(	3rab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.32	XXXXX	XXXXX	MG/L	0	20/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	(	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	xxxxx	XXXXX	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Dally	(	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	ххххх	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	mţ
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.85	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	3/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HI	R Co	mį
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	AITTED HEREIN	AND BASED ON MY	9,	. 0.40			TELEPHONE		ATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	THE INFORMATION. IT ACCURATE AND COM	BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ED INFORMATION	ON IS TRUE, SIGNIFICANT		10m2/71			(810) 645-4215	2016	10	2
TYPED OR PR		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BI	NMENT SEE 18 USC 5 TES MAY INCLUDE FIN	1001 AND 33 US	C §1319 (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	мо	D

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



YEAR

16

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

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

10

DAY

01

001 DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY

10

31

16

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To **Permit Expires** 

November 30, 2019

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency	1	MP	0.000
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	mp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HI	R Co	mţ
Total Suspended Solids	SAMPLE MEASUREMENT	0.63	XXXXX	LB/DAY	XXXXXX	0.67	XXXXX	MG/L	0	3/Month	24H	R Co	mţ
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24H	R Co	m
Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	m
Fecal Coliform	SAMPLE MEASUREMENT	ххххх	XXXXX	xxxx	XXXXX	1.00	1.00	COL/100ML	0	3/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	(	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.49	XXXXX	LB/DAY	XXXXX	0.53	XXXXX	MG/L	0	3/Month	24H	R Co	mı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co	mj
Ammonia as N (11-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	m
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	МЭЛ		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	JTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	E INFORMATION SUBI	AITTED HEREIN	AND BASED ON MY	2				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I R ACCURATE AND COMP PENALTIES FOR SUBN	PLETE, I AM AWARE TH	ED INFORMATION AT THERE ARE	N IS TRUE, SIGNIFICANT		m2/7			(610) 645-4215	2016	10	2
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §	1001 AND 33 USO	\$1319. (PENALTIES 00 AND OR MAXIMUM		RE OF PRINCIF R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	Di

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



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)** 

MONITORING PERIOD

TO

YEAR

16

**ADDRESS** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township

Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

10

DAY

01

YEAR

16

001 **DISCHARGE NUMBER** 

MO

10

DAY

31

Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014 November 30, 2019

**DMR Effective To** 

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	ITY OR LOADIN	IG	QUALIT	OR CONCENT	RATION		NO.	Frequency		MPLI
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
Total Phosphorus	SAMPLE MEASUREMENT	0.67	XXXXX	LB/DAY	xxxxx	1.26	XXXXX	MG/L	1	6/Month	24H	R Con
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HI	R Con
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER		NALTY OF LAW THAT I			0.7				TELEPHONE	ε	DATE
Thomas A. Cicala	6	INQUIRY OF THOSE IN THE INFORMATION, I	IDIVIDUALS IMMEDIATI BELIEVE THE SUBMITT PLETE. I AM AWARE TH	ELY RESPONSI	BLE FOR OBTAINING ON IS TRUE.	Nord	m 2/111	iller		(610) 645-4215	2016	10
Superintendant: Wastewate TYPED OR P		PENALTIES FOR SUBM OF FINE AND IMPRISO UNDER THESE STATU	MITTING EALSE INFORM	MATION INCLUD 1001 AND 33 US IES UP TO \$10,0	ING THE POSSIBILITY		RE OF PRINCIPA R OR AUTHOR			AREA CODE NUMBER	YEAR	мо

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.

	ty Name: cipality:	Willistown V				County: Ch	ester		Month:	October Permit No	o.: PA005007	Year:	2016
⊠ Vi	iolations of I	Permit Effluer	nt Limitations*										
	Date	Paramet	Permit ter Limit	Units	Statistic Code		ılt	Units	Ca	use of Vic	olation	Corrective A	ction Taken
	October	Total Phospho	rus 1.0	mg/L	Monthl Averag			mg/L	of DelPad		ertently ran out nical used for emoval)		compliance with mical; corrective with operator
∐ Sa	anitary Sewe	er Overflows	and Other Unau	thorized	Discharge:	5*							
		Substance ischarged	Location	Ľ.,,,,,,,,,,	Volume (gals)	Duration (hrs)		eceiving <b>Vaters</b>	Impac Wat		Cause of	Discharge	Date DEP Notified
								13-4-117-3-1					
O	ther Permit	Violations*									e and interest the		
			frequent than re			Explain							
			mpliance with pe	rmit		Explain							
	☐ Vibiation	of permit sch	eoule			Explain Explain							
	Other					Explain							
			ot sufficient f			mation, ple							
												designed to assu	
for ga	athering the	information, t	he information s	submitted	is, to the l	best of my kn	owled	ige and be	elief, true, ac	curate and	d complete. I a	hose persons dire m aware that ther C.S. § 4904 (rela	e are significant
		Prepared	By: Gordon Mill	ler					Signature:	2/0	rdon H	miller	
		Title:	Assistant M	lanager V	/astewater				Date:	11/23/16			



Inc.

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

#### **EXCURSION EXPLANATION**

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

FACILITY

Willistown Woods STP

VIvania 19010 PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

LOCATION

Willistown Township

CountyChester

WATERSHED 3G

		MONITO	RING F	PERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
16	10	01	то	16	10	31

#### **Total Phosphorus**

Explanations: We realized an excursion for Phosphorus, with a level of 1.26 mg/L and a permit limit of 1.0 mg/L. The chemical used in the aid of the Phosphorous removal at the facility, DelPac200, was allowed to run out due to operator error. The product was ordered, and the storage tank was refilled and additional chemical was added to the process to remove the elevated levels achieved while no chemical was being added. Subsequent lab testing showed Phosphorus had been lowered, but not enough to lower the monthly average. Corrective actions have been taken with the operator and daily operating procedures to ensure this issue will not occur in the future.



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** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER

FACILITY

Willistown Woods STP

LOCATION

Willistown Township CountyChester

WATERSHED 3G

		MONITO	DRING F	PERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
40	40	04	TO	46	40	24

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 BITTIFF		
Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen	
10/5/2016 7:00:00 AM	0.2000	1.0000	0.8800	2.0000	0.5000	
10/12/2016 8:00:00 AM	0.2000	1.0000	1.8000	2.0000	0.5000	
10/19/2016 8:30:00 AM	1,6000	1.0000	1.7000	2,0000	0.5000	
I0/21/2016 8:00:00 AM			1.8000		0.5000	
10/22/2016 8:30:00 AM			1.6000		0.5000	
10/23/2016 8:30:00 AM			0.7000		2,5000	
10/24/2016 8:00:00 AM			0.6900	9		
10/25/2016 9:10:00 AM			0.8000		0.5000	
10/26/2016 8:00:00 AM	0.4000	1.0000	1.1000	2.0000	0.5000	
10/27/2016 9:00:00 AM			1.0000			
ID/28/2016 9:00:00 AM			0.7200			
10/29/2016 9:05:00 AM			0.5900			
10/30/2016 8:45:00 AM			0.6900			
10/31/2016 8:00:00 AM			0.8000			



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)** 

MONITORING PERIOD

TO

DAY

01

YEAR

16

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

LOCATION

Willistown Woods STP

Willistown Township Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

11

YEAR

16

001 **DISCHARGE NUMBER** 

MO

11

DAY

30

Reporting Frequency DMR Effective From

Monthly

December 1, 2014

DMR Effective To Permit Expires

November 30, 2019

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	:
Flow	SAMPLE MEASUREMENT	0.1253	0.1723		xxxxx	xxxxx	XXXXX	хххх	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Mea	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.10	XXXXX	7.10		0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STD UNITS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	7.77	XXXXX	XXXXX	MG/L	0	30/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MGAL		Dally	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	xxxxx	xxxx	xxxxx	0.00	0.00	MG/L	0	0/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	0.05	0.12	MG/L		Daily	C	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	117.37	XXXXX	LB/DAY	XXXXX	113.20	XXXXX	MG/L	0	5/Month	24HI	R Co	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24H	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HI	R Co	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HF	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN				0 .				TELEPHONE	0	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I'E ACCURATE AND COMP PENALTIES FOR SUBM	DIVIDUALS IMMEDIATE BLIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATIO IAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		2/27			(610) 645-4215	2016	12	
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	D

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



NAME

Aqua Pennsylvania Wastewater,

Inc.

**ADDRESS** 

762 West Lancaster Avenue

Brvn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township

Chester County

WATERSHED 3G

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

MONITORING PERIOD

TO

YEAR

16

DAY

01

PA0050075 PERMIT NUMBER

MO

11

YEAR

16

001 DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency

Monthly

DMR Effective From DMR Effective To

December 1, 2014 November 30, 2019

Permit Explres

November 30, 2019

Moternoci bo, E.

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MP
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		YPE
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.08	xxxxx	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGAL		1/Week	24HI	R Co
Total Suspended Solids	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.52	XXXXX	MG/L	0	5/Month	24H	R Co
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co
Total Suspended Solids	SAMPLE MEASUREMENT	289,53	xxxxx	LB/DAY	XXXXX	281.20	XXXXX	MG/L	0	5/Month	24H	R Co
nfluent)	PERMIT REQUIREMENT	REPORT MONTHLY	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	1.00	1.00	COL/100ML	0	5/Month	(	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	#COL/100ML		1/Week	Gr	
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HI	R Co
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	0.52	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	5/Month	24H	R Co
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HI	R Co
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH		<i>a</i> .				TELEPHONE	C	ATE		
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, JE ACCURATE AND COMP PENALTIES FOR SUBN	DIVIDUALS IMMEDIATE ELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATIO IAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT		m 21 m	_		(610) 645-4215	2016	12
TYPED OR PRI		OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC § TES MAY INCLUDE FIN	1001 AND 33 US IES UP TO \$10,0	C §1319. (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	МО

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WATER STANDARD AND FACILITY REGULATION NAT M (NPDES)

FIONAL POLLUTANT DISCHARGE ELIMINATION	1 SYSTEM
DISCHARGE MONITORING REPORT	(DMR)

**MONITORING PERIOD** 

TO

YEAR

16

DAY

01

A	n	n	D	c	c	6	

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

LOCATION Willistown Township Chester County

WATERSHED 3G

PA0050075 PERMIT NUMBER

MO

11

YEAR

16

001 DISCHARGE NUMBER

MO

11

DAY

30

Reporting Frequency **DMR Effective From** 

Monthly

DMR Effective To

December 1, 2014 November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANT	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		AMPL	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.58	XXXXX	LB/DAY	xxxxx	0.56	XXXXX	MG/L	0	5/Month	24H	R Co	nı
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24H	R Co	R Comp
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT							•					_
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXE	ECUTIVE OFFICER		IE INFORMATION SUBI	AITTED HEREIN	AND BASED ON MY	2				TELEPHONE	C	DATE	
Thomas A. Cicala Superintendant: Wastewat	er Operations	INQUIRY OF THOSE IN THE INFORMATION, I	BELIEVE THE SUBMITT PLETE, I AM AWARE TH	ED INFORMATION	ON IS TRUE, SIGNIFICANT		en H 1111			(610) 645-4215	2016	12	2
TYPED OR F		PENALTIES FOR SUBI OF FINE AND IMPRISO UNDER THESE STATL IMPRISONMENT OF BI	NMENT SEE 18 USC §1	1001 AND 33 US	C §1319. (PENALTIES 00 AND OR MAXIMUM	7 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	RE OF PRINCIP. ER OR AUTHOR			AREA GODE NUMBER	YEAR	мо	D

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

SEE SUPPLEMENT SHEETS



NAME

Aqua Pennsylvania Wastewater,

Inc.

**ADDRESS** 

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

**FACILITY** 

Willistown Woods STP

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

MONITORING PERIOD

TO

DAY

01

YEAR

16

PA0050075 PERMIT NUMBER

MO

12

YEAR

16

001 DISCHARGE NUMBER

MO

12

DAY

31

Reporting Frequency

Monthly

DMR Effective From

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	IG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis		TYPE	•
Flow	SAMPLE MEASUREMENT	0.1332	0.1785		XXXXX	XXXXX	XXXXX	хххх	0	Continuous	Me	asur	ed
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	хххх		Continuous	Me	asur	ed
рН	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	6.30	XXXXX	7.28		0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	9.00	STINU OTS		Daily	C	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.80	XXXXX	XXXXX	MG/L	0	31/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	6.00	XXXXX	XXXXX	MG/L		Daily	C	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MG/L	0	0/Month	C	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MG/L		Daily	C	Grab	
CBOD5 Raw Sewage	SAMPLE MEASUREMENT	116.63	XXXXX	LB/DAY	xxxxx	108.50	XXXXX	MG/L	0	4/Month	24HI	R Cc	m
(Influent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	m
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HI	R Cc	m
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXEC	UTIVE OFFICER	I CERTIFY UNDER PEN AM FAMILIAR WITH TH	IALTY OF LAW THAT I	HAVE PERSONA	ALLY EXAMINED AND AND BASED ON MY	a				TELEPHONE	0	DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION. I B ACCURATE AND COMP PENALTIES FOR SUBN	DIVIDUALS IMMEDIATI IELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIE ED INFORMATIO HAT THERE ARE	BLE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Norde		Piller		(610) 645-4215	2017	01	:
TYPED OR PR	INTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §	1001 AND 33 US	C \$1319, (PENALTIES		RE OF PRINCIP R OR AUTHOR			AREA CODE NUMBER	YEAR	МО	D

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

SEE SUPPLEMENT SHEETS



## COMMONWEALTH OF PENNSYLVANIA

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

**DISCHARGE MONITORING REPORT (DMR)** 

**ADDRESS** 

NAME

762 West Lancaster Avenue

Brvn Mawr. Pennsylvania 19010

Aqua Pennsylvania Wastewater,

**FACILITY** 

Willistown Woods STP

PA0050075 **PERMIT NUMBER** 

001 DISCHARGE NUMBER Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014

DMR Effective To

November 30, 2019

Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

LOCATION

Willistown Township

Chester County

WATERSHED 3G

		MONITO	ORING F	PERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
16	12	01	то	16	12	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTI	TY OR LOADIN	lG	QUALIT	Y OR CONCENT	RATION		NO.	Frequency		MPI	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	'	TYPE	The state of the s
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2,32	xxxxx	LB/DAY	XXXXX	2,13	XXXXX	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	мол		1/Week	24HI	R Co	m
Total Suspended Solids	SAMPLE MEASUREMENT	1.40	XXXXX	LB/DAY	XXXXX	1.30	XXXXX	MG/L	0	4/Month	24H	R Co	m
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HI	R Co	mį
Total Suspended Solids	SAMPLE MEASUREMENT	212,22	XXXXX	LB/DAY	XXXXX	196.50	XXXXX	MG/L	0	4/Month	24H	R Co	m
ofluent)	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY	XXXXX	MG/L		1/Week	24HI	R Co	mį
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	xxxx	XXXXX	4.00	167.00	COL/100ML	0	4/Month	(	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	xxxx	XXXXX	200 Geometric Mean	1000.00	SCOL/100ML		1/Week	Gra		
Ammonia as N (05-01 to	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24H	R Co	mı
10-31)	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HI	R Co	m
Ammonia as N (11-01 to	SAMPLE MEASUREMENT	1.76	XXXXX	LB/DAY	XXXXX	1.66	XXXXX	MG/L	0	5/Month	24H	R Co	mţ
04-30)	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HI	R Co	m
NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I CERTIFY UNDER PEN				0.1				TELEPHONE		DATE	
Thomas A. Cicala Superintendant: Wastewater	Operations	INQUIRY OF THOSE IN THE INFORMATION, I B ACCURATE AND COMP PENALTIES FOR SUBM	DIVIDUALS IMMEDIATE ELIEVE THE SUBMITT PLETE, I AM AWARE TH	ELY RESPONSIB ED INFORMATION IAT THERE ARE	LE FOR OBTAINING ON IS TRUE, SIGNIFICANT	Nord	lon H		EN.	(610) 645-4215	2017	61	2
TYPED OR PR	NTED	OF FINE AND IMPRISO UNDER THESE STATU IMPRISONMENT OF BE	NMENT SEE 18 USC §	1001 AND 33 US	\$1319, (PENALTIES		RE OF PRINCIF R OR AUTHOF			AREA CODE NUMBER	YEAR	MO	D

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



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** 

NAME

762 West Lancaster Avenue

Bryn Mawr, Pennsylvania 19010

FACILITY

Willistown Woods STP

PA0050075 PERMIT NUMBER

001 DISCHARGE NUMBER Reporting Frequency

Monthly

**DMR Effective From** 

December 1, 2014 November 30, 2019

DMR Effective To Permit Expires

November 30, 2019

Permit Application due

June 3, 2019

NOTE: Read instructions before completing this form.

LOCATION

Willistown Township

Chester County

WATERSHED 3G

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

Check here if No Discharge

Parameter		QUANT	ITY OR LOADIN	IG	QUALITY	OR CONCENT	RATION		NO.	Frequency		MPL	Ξ
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT	EX	OF Analysis	ľ	TYPE	
Total Phosphorus	SAMPLE MEASUREMENT	0.75 XXXXX LB/DAY	XXXXX	0.68	xxxxx	MG/L	0	5/Month	24H	R Con	ır		
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24H	R Con	ıp
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT			1									
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXI	ECUTIVE OFFICER		NALTY OF LAW THAT IT			21	5.02 0.10 0.00			TELEPHONE	I	DATE	
Thomas A. Cicala Superintendant: Wastewat	tor Operations	AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION. I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT				Hordon H Miller			-	(610) 645-4215	2017	:01	Z
TYPED OR F		OF FINE AND IMPRISO UNDER THESE STATU	MITTING FALSE INFOR! INMENT SEE 18 USC 5 ITES MAY INCLUDE FIN ETWEEN 6 MONTHS AN	1001 AND 33 US IES UP TO \$10.0	C §1319. (PENALTIES	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