
EXHIBIT O2

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2		7.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	19.8		lbs/day		15.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.6		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1425	.1666	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.3		lbs/day		1.1		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					2.5			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					246 Geo Mean	640 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	12.6 Avg Mo		lbs/day		9.9 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
Excursion Fecal Coliform: Filter feed tank was cleaned and more intensive cleansing of UV System. Subsequent test results for the month well below average	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

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

County: Chester

Fecal Coliform

Explanations: Excursion 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
 (include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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

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



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.3		8.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	11.6		lbs/day		9.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.5		lbs/day		.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1332	.161	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.3		lbs/day		1.1		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			3.6		2.5			1/week



COMMONWEALTH OF PENNSYLVANIA
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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					12 Geo Mean	310 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	7.2 Avg Mo		lbs/day		6 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE			
				2012	03	23	
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

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 LOCATION 762 W.LANCASTER AVE, BRYN MAWR, PA - 19010
 TELEPHONE 610-645-1197
 COUNTY Chester
 REGION EP SE Rgnl Off Norristown

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.2		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	9		lbs/day		9.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.3		lbs/day		.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1178	.1423	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.7		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			3.6		2.5			1/week



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DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER**

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	5 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.5 Avg Mo		lbs/day		4.8 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY
						2012	04	27



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

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

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



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					18 Geo Mean	25 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.8 Avg Mo		lbs/day		4.6 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).			TELEPHONE		DATE		
		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY
						2012	05	24



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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.1		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	7.4		lbs/day		6.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25				17			1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.6		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5				1.0			1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1098	.1529	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.6		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.3				.9			1/week	24-Hr Composite



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PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	11 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	3.4 Avg Mo		lbs/day		3.1 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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			AREA CODE	NUMBER	YEAR	MO	DAY
					2012	06	22



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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 06/01/2012 - 06/30/2012
 Submitted By: _____
 Submit Date: 07/26/2012
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2		7.5	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	6.2		lbs/day		6.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1141	.2317	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.5		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					.9			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					7 Geo Mean	36 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	3.7 Avg Mo		lbs/day		3.9 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

FROM

TO

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2		7.5	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	13.9		lbs/day		14.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	1		lbs/day		1.1		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1118	.1371	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.7		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.3		.9			1/week



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					16 Geo Mean	1530 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		4.7 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Willistown 0050075.pdf	Legacy Document	12/11/2015 11:54:25 PM	SUPPLEMENTALS

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	07/01/2012	07/31/2012	CONDI	Total Phosphorus	3	Average Monthly	1.1	1	mg/L	mg/L
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 EXPLANATION/INFORMATION	Sandra Super		610-645-1197

SUBMISSION CONFIRMATION:

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

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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 permit 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 remaining 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
(include Facility Name/Location if different)

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods	PA0050075		001
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER		DISCHARGE NUMBER
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY
Municipality: Willistown Township	12	07	01

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
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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 08/01/2012 - 08/31/2012
 Submitted By: _____
 Submit Date: 09/21/2012
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.1		6.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.9		lbs/day		11		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1127	.1556	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.3		lbs/day		1.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					.9			1/week



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					5 Geo Mean	26 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.9 Avg Mo		lbs/day		3 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	08/01/2012	08/31/2012	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	1.2	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 document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2012	09	21
		SUBMITTED BY FULL NAME		YEAR	MO	DAY

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	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 mg/l with a limit of 0.9. We had a lab result for the sample of 8/22 of 4.0 mg/l. 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 .13mg/l and .22mg/l. We do not feel this to be an ongoing issue at this facility.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods	PA0050075		001
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER		DISCHARGE NUMBER
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY
Municipality: Willistown Township	12	08	01

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		



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 09/01/2012 - 09/30/2012
 Submitted By: _____
 Submit Date: 10/26/2012
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.3			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.4		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		9.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	8.1		lbs/day		7.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.3		lbs/day		.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1216	.1817	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.3		lbs/day		.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.3		.9			1/week

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					7 Geo Mean	65 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.5 Avg Mo		lbs/day		2.4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 10/01/2012 - 10/31/2012
 Submitted By: _____
 Submit Date: 11/26/2012
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.6		7.1	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.1		lbs/day		9.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.4		lbs/day		.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1298	.2481	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.7		lbs/day		.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					.9			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					4 Geo Mean	46 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4 Avg Mo		lbs/day		4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.4		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	7.8		lbs/day		6.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1401	.1757	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.6		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			3.6		2.5			1/week



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

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

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

COMMENTS

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

SUBMISSION CONFIRMATION:

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



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8 Min			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2 Min		7 Max	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	5.1 Avg Mo		lbs/day		4.1 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25				17			1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.5 Avg Mo		lbs/day		.4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5				1.0			1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1486 Avg Mo	.1796 Daily Max	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.7 Avg Mo		lbs/day		1.4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	3.6				2.5			1/week	24-Hr Composite



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					21 Geo Mean	181 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.5 Avg Mo		lbs/day		2 Avg Mo	mg/L	1/week	24-Hr Composite	
	PERMIT MEASUREMENT	18				12		1/week	24-Hr Composite	
Facility Comments										

ATTACHMENT DETAILS

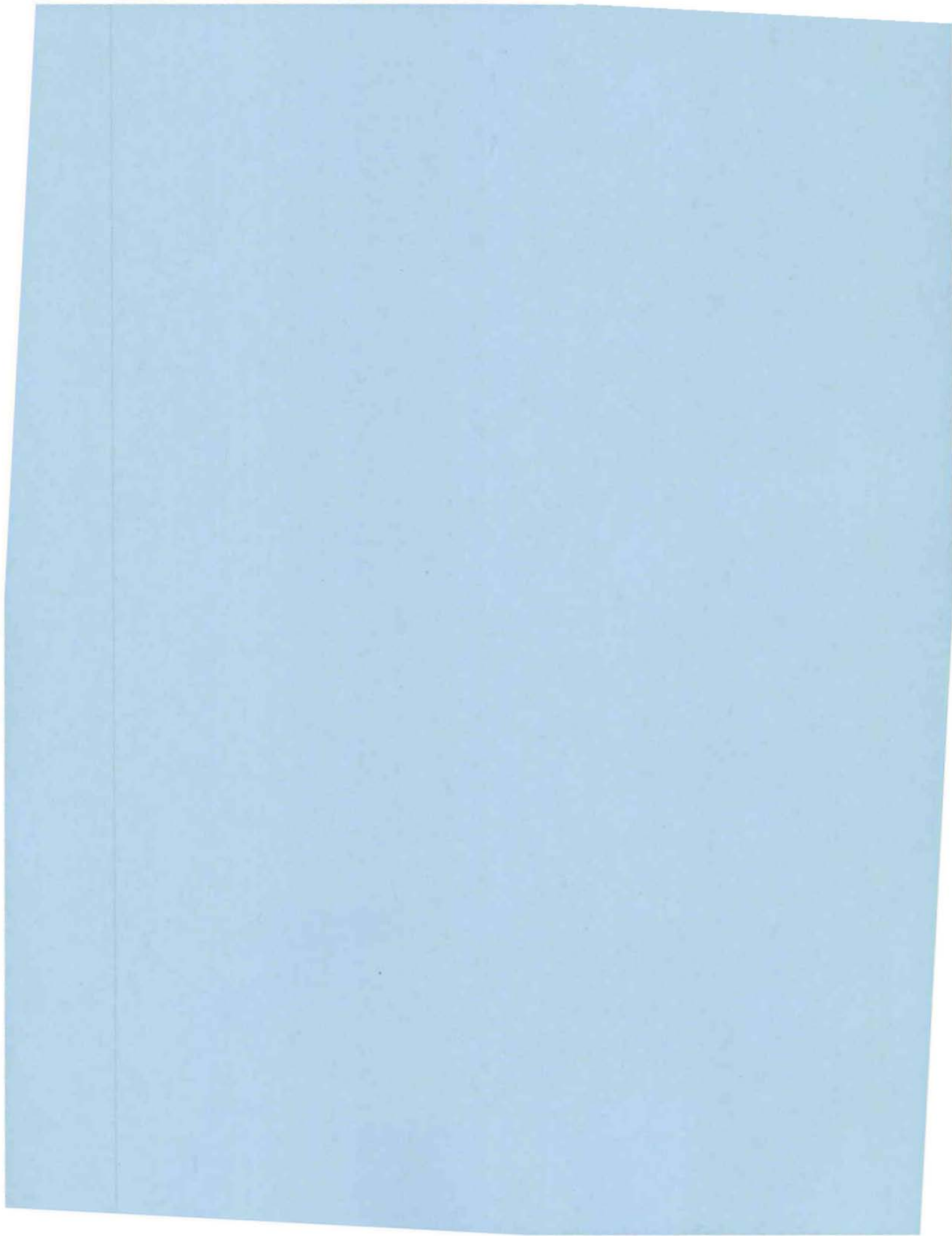
FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
Willistown Woods.pdf	Legacy Document	12/12/2015 1:26:40 AM	SUPPLEMENTALS

COMMENTS

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

SUBMISSION CONFIRMATION:

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





COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.6			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	11.1		lbs/day		9.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1542	.2034	MGD					Continuous	Metered
	PERMIT MEASUREMENT									Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1		lbs/day		.9		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	3.6					2.5			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					36 Geo Mean	420 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.7 Avg Mo		lbs/day		4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT COMMENT
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

SUBMISSION CONFIRMATION:

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		SUBMITTED BY FULL NAME		AREA CODE	NUMBER	YEAR	MO	DAY
						2013	02	28



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.5		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		9.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	15.6		lbs/day		14		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	1.9		lbs/day		1.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1424	.169	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.4		lbs/day		.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			3.6		2.5			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					120 Geo Mean	1990 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	6.5 Avg Mo		lbs/day		5.8 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	02/01/2013	02/28/2013	CONDI	Total Phosphorus	3	Average Monthly	1.9	1.50	lbs/day	lbs/day
PA0050075	001	02/01/2013	02/28/2013	CONDI	Total Phosphorus	3	Average Monthly	1.8	1	mg/L	mg/L
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

SUBMISSION CONFIRMATION:

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		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	03	22
		SUBMITTED BY FULL NAME				

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Willistown Township	13	02	01		13	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

LABORATORY DATA

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			
2/26/2013 8:30:00 AM		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			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

Report Frequency: Monthly
 Monitoring Period: 03/01/2013 - 03/31/2013
 Submitted By: _____
 Submit Date: 04/26/2013
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.3		6.9	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	8.4		lbs/day		9		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.8		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1342	.1909	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.9		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			1/week
		3.6				2.5				

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					38 Geo Mean	350 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	3.8 Avg Mo		lbs/day		4 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

Report Frequency: Monthly
 Monitoring Period: 04/01/2013 - 04/30/2013
 Submitted By: _____
 Submit Date: 05/24/2013
 Stage: Final Effluent
 Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6 Min			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.1 Min		8.4 Max	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	11 Avg Mo		lbs/day		10 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25				17			1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.9 Avg Mo		lbs/day		.8 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5				1.0			1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1276 Avg Mo	.1584 Daily Max	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0 Avg Mo	0 IMAX	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.6 Avg Mo		lbs/day		1.5 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	3.6				2.5			1/week	24-Hr Composite

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					17 Geo Mean	115 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	3.3 Avg Mo		lbs/day		3.1 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.2		7	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	6.2		lbs/day		6.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1256	.163	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1		lbs/day		1.1		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.3		.9			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					6 Geo Mean	55 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	1.9 Avg Mo		lbs/day		2.1 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	05/01/2013	05/31/2013	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	1.1	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 document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	06	21
		SUBMITTED BY FULL NAME				



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

Report Frequency: Monthly
 Monitoring Period: 06/01/2013 - 06/30/2013
 Submitted By: _____
 Submit Date: 07/29/2013
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				9.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.2		6.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.1		lbs/day		8.9		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.3		lbs/day		.29		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1333	.1999	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.68		lbs/day		1.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.3		.9			1/week



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					35.8 Geo Mean	107 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.3 Avg Mo		lbs/day		2.2 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

COMMENTS

COMMENT	OPERATOR NAME	OPERATOR CERTIFICATION NUMBER	OPERATOR CONTACT NUMBER
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 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 GLTCH ON THIS PERMIT - CALCULATED MANUALLY	Sandra Super		610-645-1197

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		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	07	29
		SUBMITTED BY FULL NAME				

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as 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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6		7.1	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	3.7		lbs/day		4.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			17
Total Phosphorus	SAMPLE MEASUREMENT	.2		lbs/day		.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			1.0
Flow	SAMPLE MEASUREMENT	.1183	.2522	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	.05
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	1.6		lbs/day		1.7		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			.9



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					114 Geo Mean	1070 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	1.7 Avg Mo		lbs/day		2 Avg Mo	mg/L	1/week	24-Hr Composite	
	PERMIT MEASUREMENT	12				8.5		1/week	24-Hr Composite	
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

SUBMISSION CONFIRMATION:

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		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	08	27
		SUBMITTED BY FULL NAME				

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Willistown Township	13	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 an 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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075			001			
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER			DISCHARGE NUMBER			
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Willistown Township	13	07	01		13	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	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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

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 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 FACILITY WILLISTOWN WOODS STP
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 TELEPHONE 610-645-1197
 COUNTY Chester
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PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.5		6.8	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	3.1		lbs/day		3.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.5		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.097	.1273	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.01	.03	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.7		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					.9			1/week



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

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

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

Report Frequency: Monthly
 Monitoring Period: 09/01/2013 - 09/30/2013
 Submitted By: _____
 Submit Date: 10/23/2013
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.5		7.5	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	8.1		lbs/day		9		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			17				1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.8		lbs/day		.9		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.0				1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1033	.1412	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.01	.03	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.6		lbs/day		.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			.9				1/week	24-Hr Composite



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					73 Geo Mean	1480 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.7 Avg Mo		lbs/day		3.2 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

COMMENTS

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

SUBMISSION CONFIRMATION:

SUBMITTED BY GREENPORT USER	*Pursuant to the Pennsylvania Electronic Transactions Act - Act 69, effective January 15, 2002, you are about to engage in an electronic transaction with the Commonwealth of Pennsylvania. You are submitting official information. You certify under penalty of law that this document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2013	10	23
		SUBMITTED BY FULL NAME				

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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		



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

Report Frequency: Monthly
 Monitoring Period: 10/01/2013 - 10/31/2013
 Submitted By: _____
 Submit Date: 11/27/2013
 Stage: Final Effluent

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.2			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.3		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	2.3		lbs/day		2.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			17
Total Phosphorus	SAMPLE MEASUREMENT	.5		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			1.0
Flow	SAMPLE MEASUREMENT	.1044	.1311	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX			1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.2		lbs/day		.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			.9



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					166 Geo Mean	420 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2 Avg Mo		lbs/day		2.3 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

SUBMISSION CONFIRMATION:

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.3			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.8		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	13.2		lbs/day		14.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.5		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1092	.1469	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.5		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			3.6		2.5			1/week

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					289 Geo Mean	490 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	6.1 Avg Mo		lbs/day		6.5 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

SUBMISSION CONFIRMATION:

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

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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.

PERMITTEE NAME/ADDRESS

(include Facility Name/Location if different)

**SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES**

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	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	Fecal Coliform	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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075
PERMIT NUMBER

001
OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				6.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				1/day	Grab
pH	SAMPLE MEASUREMENT				6.8		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	2.3		lbs/day		2.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.2		lbs/day		.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1562	.9788	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.2		lbs/day		.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					Avg Mo			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					313 Geo Mean	1350 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	2.2 Avg Mo		lbs/day		2.2 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

SUBMISSION CONFIRMATION:

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

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Willistown Township	13	12	01		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 Geometric Means and a permit limit of 200 Geometric Means. We have had issues with the UV system and have the necessary 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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

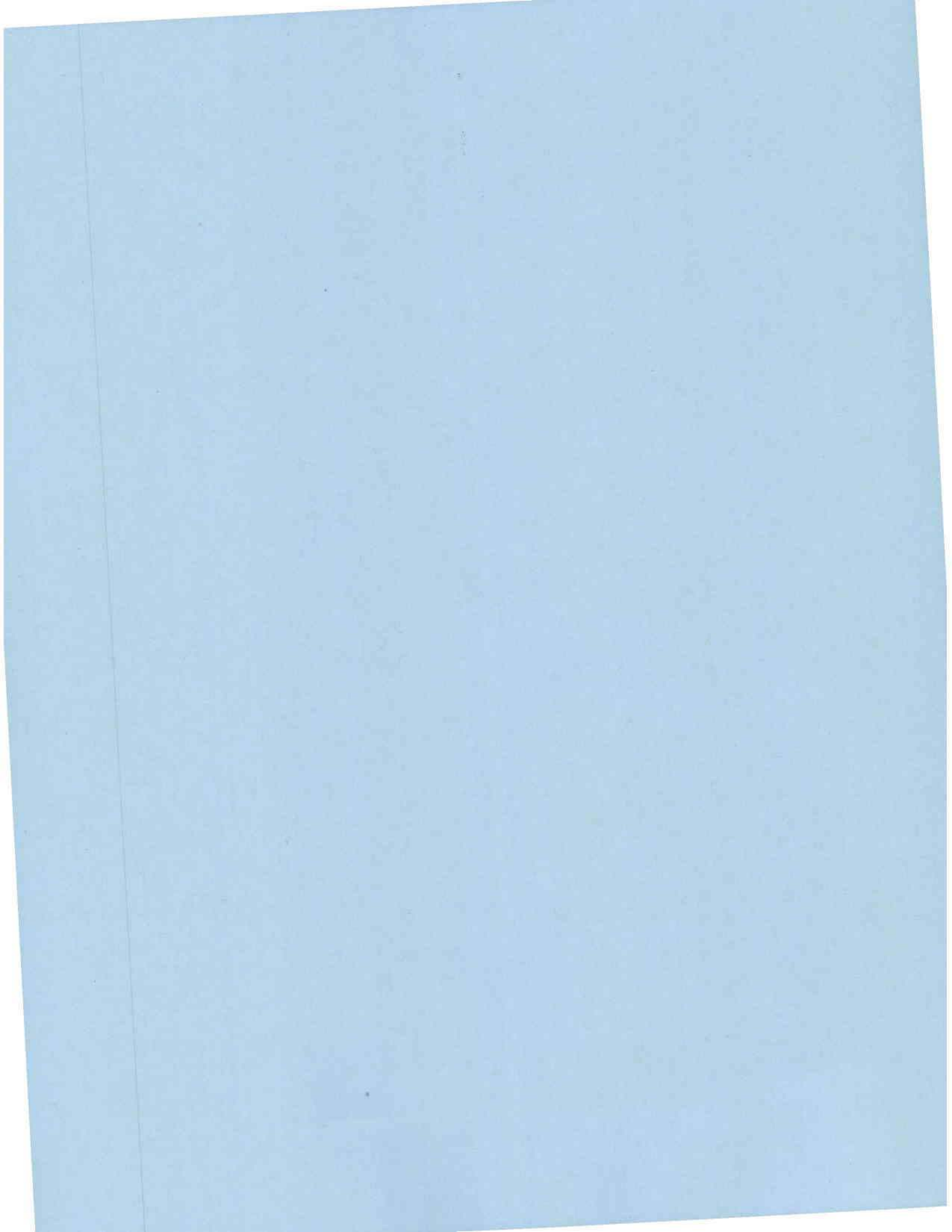
Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	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

LABORATORY DATA

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			





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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

FROM

TO

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.3			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.7		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	5.2		lbs/day		5.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.2		lbs/day		.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1339	.3124	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					Avg Mo	IMAX		.05	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT			lbs/day		0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT	Avg Mo			3.6		Avg Mo			2.5



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					616 Geo Mean	2650 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	3.9 Avg Mo		lbs/day		3.9 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
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	Instantaneous Maximum	2650	1000	CFU/100 ml	CFU/100 ml

COMMENTS

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

SUBMISSION CONFIRMATION:

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

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075		001
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER		DISCHARGE NUMBER
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY
Municipality: Willistown Township	14	01	01
		TO	
	YEAR	MO	DAY
	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 an instantaneous maximum of 2650.0 #Colonies/1000ML with a limit of 1000 #Colonies/1000ML. We have had issues with the UV system and have the necessary parts on order for the repairs to be completed. The repair parts that were ordered have not arrived as they should have and a complete new unit was ordered. 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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

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

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

County: Chester

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
1/2/2014 8:00:00 AM	3.2000	830.0000	0.1300	3.0000	1.3000
1/8/2014 7:00:00 AM	3.2000	540.0000	0.1900	3.4000	2.4000
1/13/2014 2:00:00 PM		57.0000			
1/14/2014 11:00:00 AM		102.0000			
1/15/2014 7:30:00 AM	4.0000	380.0000	0.2400	3.1000	0.3200
1/16/2014 12:00:00 PM		550.0000			
1/17/2014 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			
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



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8.3			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				6.7		7.2	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	4.4		lbs/day		4.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25				17			1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.2		lbs/day		.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5				1.0			1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1348	.1655	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	9.6		lbs/day		9.8		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	3.6				2.5			1/week	24-Hr Composite



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					92 Geo Mean	2610 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		4.6 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	02/01/2014	02/28/2014	CONDI	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 document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	03	28
		SUBMITTED BY FULL NAME				

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

**SUPPLEMENT SHEET FOR
 EXCURSION EXPLANATION**

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	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 #Colonies100ML Geometric Means. Parts were obtained for the facility Ultra Violet Disinfection system and installed. The remaining Fecal Coliform samples submitted to the lab showed results no higher than 30 # Colonies 100ML.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075		001
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER		DISCHARGE NUMBER
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD		
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY
Municipality: Willistown Township	14	02	01
		TO	
	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

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
2/6/2014 8:00:00 AM		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			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

Report Frequency: Monthly
 Monitoring Period: 03/01/2014 - 03/31/2014
 Submitted By: _____
 Submit Date: 04/28/2014
 Stage: Final Effluent
 Check here if No Discharge

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



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					3 Geo Mean	5 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	6.1 Avg Mo		lbs/day		5.6 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

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

COMMENTS

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

SUBMISSION CONFIRMATION:

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		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	04	28
		SUBMITTED BY FULL NAME				

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

SUPPLEMENT SHEET FOR
EXCURSION EXPLANATION

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	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.

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

SUPPLEMENT SHEET
DATA FOR MONTHLY AVERAGES

Primary Facility: Willistown Woods STP	PA0050075				001		
Client: Little Washington Wastewater Company: Willistown Township	PERMIT NUMBER				DISCHARGE NUMBER		
Address: Route 3 Near Willistown Westtown Township Line	MONITORING PERIOD						
Willistown Township, Pennsylvania 19073	YEAR	MO	DAY	TO	YEAR	MO	DAY
Municipality: Willistown Township	14	03	01		14	03	31
County: Chester	LABORATORY DATA						

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

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

Report Frequency: Monthly
 Monitoring Period: 04/01/2014 - 04/30/2014
 Submitted By: _____
 Submit Date: 05/28/2014
 Stage: Final Effluent

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

Check here if No Discharge

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				8.4			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				7		7.4	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	13.1		lbs/day		10.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25					17		1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.5		lbs/day		.4	mg/L	1/week	24-Hr Composite	
	PERMIT MEASUREMENT	1.5						1.0	1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.141	.02459	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	2.6		lbs/day		2.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	3.6					2.5		1/week	24-Hr Composite

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF CLEAN WATER

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					1 Geo Mean	2 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	7 Avg Mo		lbs/day		5.5 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	18				12			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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 document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE			
				2014	05	28	
		SUBMITTED BY FULL NAME	AREA CODE	NUMBER	YEAR	MO	DAY



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				7.5			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				7		7.6	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	12.6		lbs/day		10.3		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.6		lbs/day		.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					1.0			1/week
Flow	SAMPLE MEASUREMENT	.1556	.1942	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max						Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					0	0	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	.4		lbs/day		.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo					.9			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					2 Geo Mean	6 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	5.2 Avg Mo		lbs/day		4.3 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

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



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				4.7			mg/L	1/day	Grab
	PERMIT MEASUREMENT				Min				6.0	1/day
pH	SAMPLE MEASUREMENT				6.7		7.5	S.U.	1/day	Grab
	PERMIT MEASUREMENT				Min		Max		6.0	1/day
Total Suspended Solids	SAMPLE MEASUREMENT	13.1		lbs/day		9.1		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			25		17			1/week
Total Phosphorus	SAMPLE MEASUREMENT	.9		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.5		1.0			1/week
Flow	SAMPLE MEASUREMENT	.1607	.2849	MGD					Continuous	Metered
	PERMIT MEASUREMENT	Avg Mo	Daily Max							Continuous
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.04	.04	mg/L	1/day	Grab
	PERMIT MEASUREMENT						Avg Mo		IMAX	1/day
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	2.9		lbs/day		2.2		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	Avg Mo			1.3		.9			1/week



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					16 Geo Mean	2400 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	6 Avg Mo		lbs/day		3.9 Avg Mo		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	12				8.5			1/week	24-Hr Composite
Facility Comments										

ATTACHMENT DETAILS

FILE NAME	ATTACHMENT TYPE	UPLOADED TIME	ATTACHMENT 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

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGIN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	06/01/2014	06/30/2014	CONDI	Ammonia-Nitrogen (Total Load, lbs)	3	Average Monthly	2.9	1.30	lbs/day	lbs/day
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, lbs)	3	Average Monthly	2.2	0.90	mg/L	mg/L
PA0050075	001	06/01/2014	06/30/2014	CONDI	Fecal Coliform	3	Instantaneous Maximum	2400	1000	CFU/100 ml	CFU/100 ml

COMMENTS

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

SUBMISSION CONFIRMATION:

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



PERMITTEE NAME/ADDRESS

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)
EXCURSION EXPLANATION

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	06	01		14	06	30

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

Explanations: We realized exceedances in Ammonia and Fecal coliform due to a process upset that occurred prior to our last sample on 6/25/14 when the ferric feed pump was mistakenly set too high. The pump setting was corrected and the process slowly recovered through July. The low Dissolved Oxygen results recorded on 6/5, 6/6, 6/19 and 6/20 were cause by the taking of DO measurement during intermittent periods of no discharge. We have instructed the operator accordingly and do not expect further exceedances.

Fecal Coliform

Explanations: .

Dissolved Oxyaen

Explanations: .



PERMITTEE NAME/ADDRESS

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
County: Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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



PERMITTEE NAME/ADDRESS

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
County: Chester

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	TO	YEAR	MO	DAY
14	06	01		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 11:50:00 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	



PERMITTEE NAME/ADDRESS

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
County: Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	06	01		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
6/17/2014 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	



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

DISCHARGE MONITORING REPORT (DMR)

PERMITEE NAME/ADDRESS

NAME AQUA PENNSYLVANIA WASTEWATER INC
 ADDRESS 762 W LANCASTER AVE, BRYN MAWR, PA - 19010-3402
 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

PA0050075	001
PERMIT NUMBER	OUTFALL NUMBER

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

FROM

TO

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

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Dissolved Oxygen	SAMPLE MEASUREMENT				5.1			mg/L	1/day	Grab
	PERMIT MEASUREMENT				6.0				1/day	Grab
pH	SAMPLE MEASUREMENT				7		7.3	S.U.	1/day	Grab
	PERMIT MEASUREMENT				6.0		9.0		1/day	Grab
Total Suspended Solids	SAMPLE MEASUREMENT	9.6		lbs/day		7.5		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	25				17			1/week	24-Hr Composite
Total Phosphorus	SAMPLE MEASUREMENT	.7		lbs/day		.6		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.5				1.0			1/week	24-Hr Composite
Flow	SAMPLE MEASUREMENT	.1521	.1785	MGD					Continuous	Metered
	PERMIT MEASUREMENT								Continuous	Metered
Total Residual Chlorine (TRC)	SAMPLE MEASUREMENT					.02	.03	mg/L	1/day	Grab
	PERMIT MEASUREMENT					.05	.12		1/day	Grab
Ammonia-Nitrogen (Total Load, lbs)	SAMPLE MEASUREMENT	3		lbs/day		2.4		mg/L	1/week	24-Hr Composite
	PERMIT MEASUREMENT	1.3				.9			1/week	24-Hr Composite



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

DISCHARGE MONITORING REPORT (DMR)

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		
Fecal Coliform	SAMPLE MEASUREMENT					6 Geo Mean	28 IMAX	CFU/100 ml	1/week	Grab
	PERMIT MEASUREMENT					200	1000		1/week	Grab
Carbonaceous Biochemical Oxygen Demand (CBOD5)	SAMPLE MEASUREMENT	4.4 Avg Mo		lbs/day		3.4 Avg Mo	mg/L	1/week	24-Hr Composite	
	PERMIT MEASUREMENT	12				8.5		1/week	24-Hr Composite	
Facility Comments										

ATTACHMENT DETAILS

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

NON-COMPLIANCES

PERMIT NUMBER	SAMPLING POINT OTHER ID	MONITORING PERIOD BEGN DATE	MONITORING PERIOD END DATE	NON-COMPLIANCE TYPE	PARAMETER	STAGE CODE	STATISTICAL BASE CODE	REPORTED VALUE	LIMITED VALUE	MONITOR LOCATION CODER	REPORTED VALUE UOM
PA0050075	001	07/01/2014	07/31/2014	CONDI	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 document and all attachments were prepared under your direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on your inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of your knowledge and belief, true, accurate and complete. You are aware that any false statement may be subject to substantial civil and criminal penalties, including 18 P.S. section 4904 (relating to unsworn falsification to authorities).	TELEPHONE		DATE		
		AREA CODE	NUMBER	YEAR	MO	DAY
				2014	08	28
		SUBMITTED BY FULL NAME		YEAR	MO	DAY



PERMITTEE NAME/ADDRESS

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)

EXCURSION EXPLANATION

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
YEAR	MO	DAY		TO	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.



PERMITTEE NAME/ADDRESS

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
County Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01			14	07

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



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

PERMITTEE NAME/ADDRESS

NAME 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

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		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 AM	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	



PERMITTEE NAME/ADDRESS

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	07	01		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	



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

PERMITTEE NAME/ADDRESS
NAME Little Washington Wastewater Company, Willistown Township
ADDRESS Route 3 Near Willistown Westtown Township
 Willistown Township, Pennsylvania 19073
FACILITY Willistown Woods STP
LOCATION Willistown Township
 Chester County
WATERSHED 3G

PA0060075	001
PERMIT NUMBER	DISCHARGE NUMBER

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

Reporting Frequency Monthly
 * Use this DMR from treatment plant expansion

Permit Expires December 31, 2014
 Permit Application due June 30, 2014

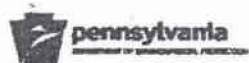
Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1454	0.1745	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX		XXXX	Continuous	Meter
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.2	XXXXX	LB/DAY	XXXXX	2.7	XXXXX	MGL	0	1/Week	24HC
	PERMIT REQUIREMENT	12.0	XXXXX	LB/DAY	XXXXX	8.5	XXXXX	MGL		1/Week	24HC
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	1/Week	24HC
	PERMIT REQUIREMENT	18.0	XXXXX	LB/DAY	XXXXX	12.0	XXXXX	MGL		1/Week	24HC
Total Suspended Solids	SAMPLE MEASUREMENT	8.5	XXXXX	LB/DAY	XXXXX	7.3	XXXXX	MGL	0	1/Week	24HC
	PERMIT REQUIREMENT	25.0	XXXXX	LB/DAY	XXXXX	17.0	XXXXX	MGL		1/Week	24HC
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	1.4	XXXXX	LB/DAY	XXXXX	1.1	XXXXX	MGL	2	1/Week	24HC
	PERMIT REQUIREMENT	1.3	XXXXX	LB/DAY	XXXXX	0.9	XXXXX	MGL		1/Week	24HC
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HC
	PERMIT REQUIREMENT	3.6	XXXXX	LB/DAY	XXXXX	2.5	XXXXX	MGL		1/Week	24HC

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE (610) 645-4215	DATE 2014 08 25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

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



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

PERMITTEE NAME/ADDRESS
NAME Little Washington Wastewater Company, Willistown Township
ADDRESS Route 3 Near Willistown Westtown Township, Willistown Township, Pennsylvania 19073
FACILITY Willistown Woods STP
LOCATION Willistown Township, Chester County
WATERSHED 3G

PA0060075	001
PERMIT NUMBER	DISCHARGE NUMBER

Reporting Frequency Monthly
* Use this DMR from treatment plant expansion

Permit Expires December 31, 2014
Permit Application due June 30, 2014

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Phosphorus as P	SAMPLE MEASUREMENT	1.3	XXXXX	LB/DAY	XXXXX	1.0	1.3	MGL	0	1/Week	24HC
	PERMIT REQUIREMENT	1.5	XXXXX	LB/DAY	XXXXX	1.0	2.0	MGL		1/Week	24HC
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	19.0	260.0	COL/100ML	0	1/Week	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.0	COL/100ML		1/Week	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.9	XXXXX	XXXXX	MGL	0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	XXXXX	XXXXX	MGL		Daily	Grab
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.0	XXXXX	7.6		0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	XXXXX	9.0	STD UNITS		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.02	0.05	MGL	0	Daily	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC §1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		(610) 645-4215	2014	08	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER		YEAR	MO	DAY

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



PERMITTEE NAME/ADDRESS

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)

EXCURSION EXPLANATION

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD							
YEAR	MO	DAY		TO	YEAR	MO	DAY
14	08	01			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 sludge was brought to the plant and added to both process trains to increase 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.



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: August Year: 2014
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
August	Ammonia as N	0.9	mg/L	Monthly Average	1.1	mg/L	Insufficient mixed liquor volatile solids in both treatment trains	Seed sludge added to process trains to increase the biomass
August	Ammonia as N	1.3	lb/day	Monthly Average	1.4	lb/day	Insufficient mixed liquor volatile solids in both treatment trains	Seed sludge added to process trains to increase the biomass

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: _____
Date: 9/23/14



PERMITTEE NAME/ADDRESS

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
County Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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
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)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.0014	0.0021	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.0	XXXXX	7.5	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	XXXXX	9.0				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.1	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.0	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.05	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	0.0	XXXXX	LB/DAY	XXXXX	2.6	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.0	XXXXX	LB/DAY	XXXXX	8.5	XXXXX	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.0	XXXXX	LB/DAY	XXXXX	12.0	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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

Mardon J. Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2014 10 27

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	0.1	XXXXX	LB/DAY	XXXXX	5.3	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.0	XXXXX	LB/DAY	XXXXX	17.0	XXXXX	MG/L		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	6.0	22.0	COL/100ML	0	4/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.0	#COL/100ML		1/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.0	XXXXX	LB/DAY	XXXXX	0.8	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.3	XXXXX	LB/DAY	XXXXX	0.9	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.6	XXXXX	LB/DAY	XXXXX	2.5	XXXXX	MG/L		1/Week	24HR Comp
Phosphorus as P	SAMPLE MEASUREMENT	0.0	XXXXX	LB/DAY	XXXXX	1.0	XXXXX	MG/L	1	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.5	XXXXX	LB/DAY	XXXXX	1.0	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1294	0.1532	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.89	XXXXX	7.66	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.58	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.03	0.05	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.95	XXXXX	LB/DAY	XXXXX	2.70	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE	
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2014	11	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR

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

1

PAGE 1 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	10	01		14	10	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		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	9.22	XXXXX	LB/DAY	XXXXX	8.16	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
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	#COL/100ML		1/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.34	XXXXX	LB/DAY	XXXXX	0.31	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp
Phosphorus as P	SAMPLE MEASUREMENT	0.78	XXXXX	LB/DAY	XXXXX	0.71	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE	
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2014	11	25
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR

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

1

PAGE 2 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1251	0.1731	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.78	XXXXX	7.26	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	9.52	XXXXX	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	0.06	0.14	MG/L	2	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		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L	1/Week	24HR Comp	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.99	XXXXX	LB/DAY	XXXXX	4.05	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L	1/Week	24HR Comp	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	<p style="font-size: 1.2em;"><i>Madison H. Hillen</i></p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent, Wastewater Operations			(610) 645-4215	2014 12 24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

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

1

PAGE 1 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

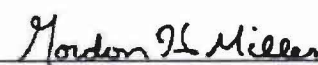
Reporting Frequency Monthly
DMR Effective From March 1, 2014
DMR Effective To December 31, 2014
Permit Expires December 31, 2014
Permit Application due July 4, 2014

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	24.95	XXXXX	LB/DAY	XXXXX	25.67	XXXXX	MG/L	1	9/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	207.00	7610.00	COL/100ML	5	10/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		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.46	XXXXX	LB/DAY	XXXXX	0.47	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp
Phosphorus as P	SAMPLE MEASUREMENT	0.92	XXXXX	LB/DAY	XXXXX	0.94	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent: Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			(610) 645-4215	2014	12	24
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
1

PAGE 2 OF 2

NON-COMPLIANCE REPORTING FORM

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

Facility Name: Willistown Woods STP Month: November Year: 2014
 Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
November	Total Residual Chlorine	0.05	mg/L	Monthly Average	0.06	mg/L	Unknown; chlorine not used during the month of November	Further monitoring and investigation of samples
November	Total Residual Chlorine	0.12	mg/L	Inst Max	0.14	mg/L	Unknown; chlorine not used during the month of November	Further monitoring and investigation of samples

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
 Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
 Date: 12/23/14



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: November Year: 2014
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
November	Fecal Coliform	200	# col / 100mL	Geometric Mean	207	# col / 100mL	Control issue with the UV feed pump	Control issue has been resolved; do not expect further issues
11/5, 11/12, 11/17, 11/24	Fecal Coliform	1000	# col / 100mL	Inst Max	7610	# col / 100mL	Control issue with the UV feed pump	Control issue has been resolved; do not expect further issues

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: Gordon S. Miller
Date: 12/23/14

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: November Year: 2014
 Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
November	Total Suspended Solids	17.0	mg/L	Monthly Average	25.7	mg/L	Control issue with the UV feed pump	Control issue has been resolved; do not expect further issues

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
 Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
 Date: 12/23/14



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 CountyChester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

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

Total Residual Chlorine

Explanations: We realized an 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 vs the permit limit of 17 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.



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 CountyChester

WATERSHED 3G

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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			



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

DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
CountyChester
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	11	01		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
11/1/2014 10:55:00 AM	136601	705978200.0000	10.6400	7.1000	0.0400		
11/2/2014 8:00:00 AM	150512	706098200.0000	9.5200	7.1300	0.0300		
11/3/2014 10:10:00 AM	113308	706262300.0000	15.0000	6.9600	0.0100		
11/4/2014 9:00:00 AM	133461	706370100.0000	15.0000	7.1100	0.0100		
11/5/2014 8:00:00 AM	117209	706498000.0000	15.0000	7.0000	0.0500		
11/6/2014 9:05:00 AM	141912	706620500.0000	15.0000	7.0800	0.0500		
11/7/2014 12:40:00 PM	91239	706783600.0000	14.4800	7.1000	0.0500		
11/8/2014 9:00:00 AM	128165	706860900.0000	10.8600	7.2200	0.0500		
11/9/2014 9:15:00 AM	146262	706990400.0000	11.2100	7.1300	0.0600		
11/10/2014 12:50:00 PM	124836	707158500.0000	10.8500	7.1400	0.0400		
11/11/2014 11:00:00 AM	121888	707273800.0000	11.1500	7.0200	0.0800		
11/12/2014 9:15:00 AM	118722	707386800.0000	15.0000	6.9800	0.0700		
11/13/2014 8:25:00 AM	134134	707501400.0000	15.0000	7.0600	0.0500		
11/14/2014 8:30:00 AM	101620	707636000.0000	15.0000	7.0000	0.0500		
11/15/2014 10:50:00 AM	119531	707747500.0000	13.8700	6.9600	0.0400		
11/16/2014 9:00:00 AM	157796	707857900.0000	12.3600	7.0400	0.0300		
11/17/2014 8:50:00 AM	121258	708014600.0000	14.1500	6.9500	0.0600		



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

DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	12	01		14	12	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		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1198	0.1474	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.77	XXXXX	7.60	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.44	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.07	0.17	MGL	2	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL	1/Week	24HR Comp	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.91	XXXXX	LB/DAY	XXXXX	3.04	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL	1/Week	24HR Comp	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>		TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015 01 26
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

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

SEE SUPPLEMENT SHEETS

PAGE 1 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	12	01		14	12	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		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Suspended Solids	SAMPLE MEASUREMENT	11.70	XXXXX	LB/DAY	XXXXX	12.24	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.10	XXXXX	LB/DAY	XXXXX	0.10	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp
Phosphorus as P	SAMPLE MEASUREMENT	0.49	XXXXX	LB/DAY	XXXXX	0.51	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2015 01 26	
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY	

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

PAGE 2 OF 2

NON-COMPLIANCE REPORTING FORM

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

Facility Name: Willistown Woods STP Month: December Year: 2014
 Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
December	Total Residual Chlorine	0.05	mg/L	Monthly Average	0.07	mg/L	Unknown; chlorine not used during the month of December	Further monitoring and investigation of samples
12/7, 12/13, 12/20, 12/21	Total Residual Chlorine	0.12	mg/L	Inst Max	0.17	mg/L	Unknown; chlorine not used during the month of December	Further monitoring and investigation of samples

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
 Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
 Date: 1/26/14



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 County Chester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
 County Chester
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

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	0.0800		
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		
12/17/2014 8:00:00 AM	117794	711608600.0000	15.0000	7.0800	0.0200		



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
 ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
 FACILITY Willistown Woods STP
 LOCATION Willistown Township
 County Chester
 WATERSHED 3G

DATA FOR MONTHLY AVERAGES

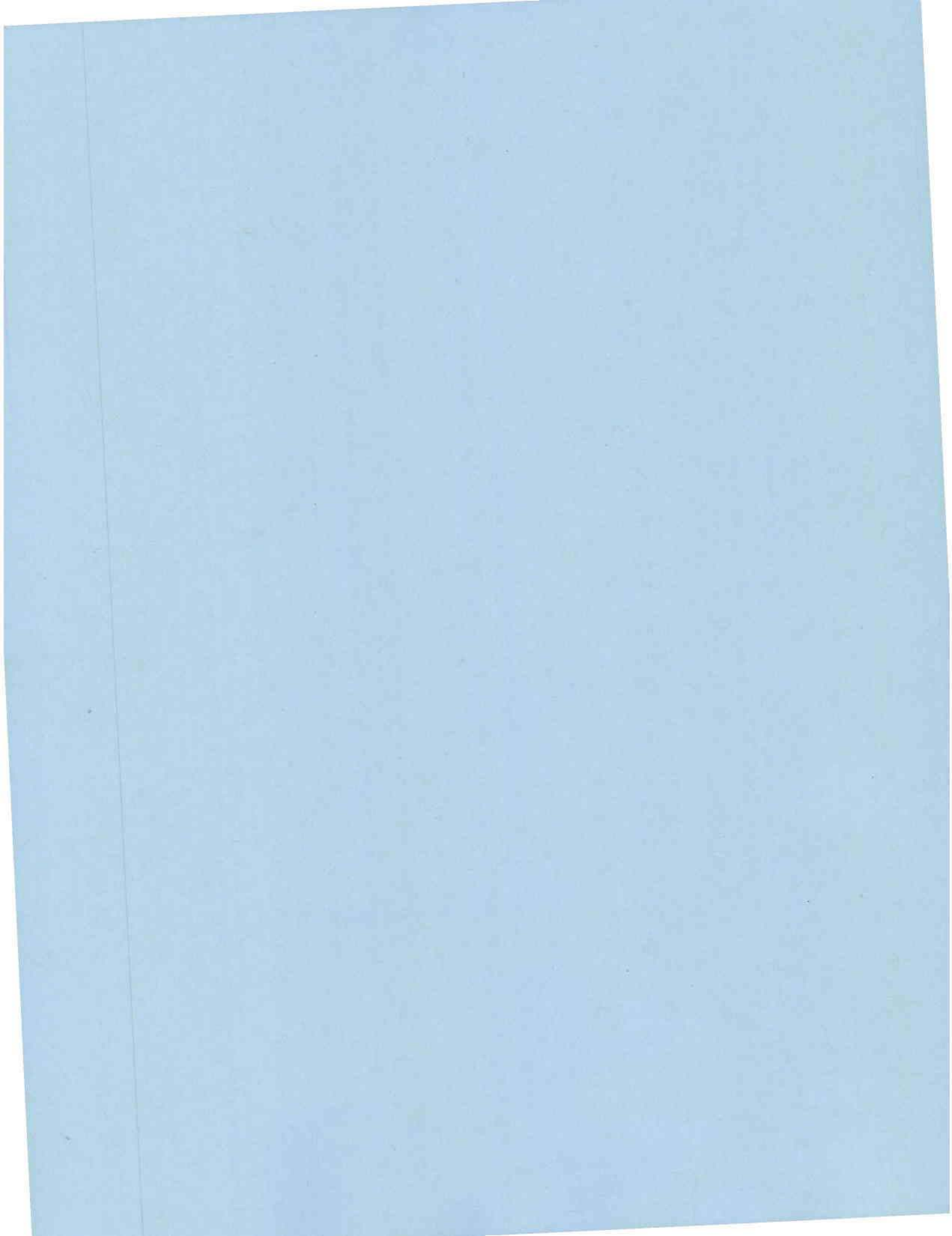
PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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

FIELD AND WEATHER DATA

Data Date	Daily Flow	Flowmeter Reading	Effluent Dissolved	Effluent pH	Effluent CL2	Air Temperature	Precipitation
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)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1230	0.1644	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.73	XXXXX	7.24	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
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			
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			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.70	XXXXX	LB/DAY	XXXXX	4.28	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L			

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

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



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

PERMITTEE NAME/ADDRESS

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Check here if No Discharge

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

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	16.77	XXXXX	LB/DAY	XXXXX	19.25	XXXXX	MGL	1	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL			
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	7.00	8600.00	COL/100ML	2	14/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	200 Geometric Mean	1000.00	#COL/100ML			
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	1/Week	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL			
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	1.58	XXXXX	LB/DAY	XXXXX	1.95	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL			
Phosphorus as P	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.62	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
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: January Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
January	Total Suspended Solids	17.0	mg/L	Monthly Average	19.3	mg/L	Mechanical issues with raw pumping system; excess flow overloaded the clarifier	Rebuilding raw transfer pumps with additional flow control improvements
1/7, 1/22	Fecal Coliform	1000	# col / 100mL	Inst Max	8600	# col / 100mL	Due to high TSS concentration	See TSS violation cause/action above

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 2/26/15



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: January Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
1/8, 1/9	Total Residual Chlorine	0.12	mg/L	Inst Max	0.14	mg/L	No chlorine is used; possible compound interfering with measurements; still unknown	Further monitoring to find a new testing method

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller

Signature: *Gordon H Miller*

Title: Assistant Manager Wastewater

Date: 2/26/15



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 County Chester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 A1
 PERMIT NUMBER

001
 DISCHARGE NUMBER

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



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

DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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			



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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DATA FOR MONTHLY AVERAGES

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	01	01		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
1/5/2015 10:00:00 AM	107652	713999600.0000	13.4000	7.1300	0.0600	33	0.2
1/6/2015 10:10:00 AM	105939	714108000.0000	15.0000	7.1700	0.0700	30	0.1
1/7/2015 9:45:00 AM	94865	714212100.0000	15.0000	7.1400	0.0800	23	0.0
1/8/2015 9:00:00 AM	103699	714304000.0000	15.0000	7.0100	0.1300	21	0.2
1/9/2015 9:50:00 AM	105174	714411300.0000	15.0000	7.1600	0.1400	35	0.0
1/10/2015 10:15:00 AM	113407	714518300.0000	15.0000	7.1500	0.0600	15	0.0
1/11/2015 9:00:00 AM	138781	714625800.0000	15.0000	7.1300	0.0500	18	0.1
1/12/2015 10:45:00 AM	109422	714774700.0000	15.0000	6.9600	0.0200	35	0.0
1/13/2015 8:41:00 AM	125896	714874700.0000	15.0000	7.1600	0.0400	31	0.0
1/14/2015 7:45:00 AM	116408	714995700.0000	15.0000	7.0100	0.0300	19	0.0
1/15/2015 9:35:00 AM	120691	715121000.0000	15.0000	7.0500	0.0400	30	0.0
1/16/2015 7:00:00 AM	117044	715228700.0000	15.0000	6.9000	0.0400	26	0.0
1/17/2015 10:20:00 AM	134943	715362000.0000	15.0000	7.0800	0.0100	21	0.2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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DATA FOR MONTHLY AVERAGES

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PA0050075 A1
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	01	01		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
1/18/2015 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
1/31/2015 10:00:00 AM	0	717157000.0000	8.2900	6.9700	0.0600	17	0.0



COMMONWEALTH OF PENNSYLVANIA
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YEAR	MO	DAY	TO	YEAR	MO	DAY
15	02	01		15	02	28

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1284	0.1578	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Meter
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Meter	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.36	XXXXX	7.27	STD UNITS	0	28/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.38	XXXXX	XXXXX	MGL	0	28/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.09	MGL	0	28/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL	Daily	Grab	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL	1/Week	24HR Comp	
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.65	XXXXX	LB/DAY	XXXXX	2.45	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL	1/Week	24HR Comp	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendant: Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 03 27

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	02	01		15	02	28

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Suspended Solids	SAMPLE MEASUREMENT	19.50	XXXXX	LB/DAY	XXXXX	17.95	XXXXX	MGL	1	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
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	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	3.57	XXXXX	LB/DAY	XXXXX	3.44	XXXXX	MGL	1	8/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp
Phosphorus as P	SAMPLE MEASUREMENT	0.40	XXXXX	LB/DAY	XXXXX	0.37	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

(610) 645-4215 2015 03 27

AREA CODE NUMBER YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF 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: February Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
February	Total Suspended Solids	17.0	mg/L	Monthly Average	18.0	mg/L	Mechanical issues causing excess flow to overload the clarifier	Rebuilding raw transfer pumps with additional flow control improvements
February	Ammonia	2.5	mg/L	Monthly Average	3.4	mg/L	Mechanical issues causing excess flow to overload nitrification process	Working to complete a flow control system to resolve issue

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller

Signature: *Gordon H Miller*

Title: Assistant Manager Wastewater

Date: 3/26/15



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
CountyChester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 A1	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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.



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

DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 County Chester

WATERSHED 3G

PA0050075 A1
PERMIT NUMBER

001
DISCHARGE NUMBER

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

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitroaen
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)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS

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ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075 A3	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	03	01		15	03	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. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1334	0.1610	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.25	XXXXX	6.90	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	8.10	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.04	0.08	MGL	0	8/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	189.82	XXXXX	LB/DAY	XXXXX	166.00	XXXXX	MGL	0	2/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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London H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 04 28

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

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Brvn Mawr. Pennsylvania 19010
FACILITY Willistown Woods STP
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Chester County
WATERSHED 3G

PA0050075 A3
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Reporting Frequency Monthly
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Permit Expires November 30, 2019
Permit Application due June 3, 2019

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

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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	4.40	XXXXX	LB/DAY	XXXXX	3.95	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	9.77	XXXXX	LB/DAY	XXXXX	8.60	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	174.96	XXXXX	LB/DAY	XXXXX	158.00	XXXXX	MGL	0	2/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	2.00	6.00	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	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	2.53	XXXXX	LB/DAY	XXXXX	2.33	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent, Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE			
		(610) 645-4215		2015	04	28	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Gordon H Miller</i>		AREA CODE NUMBER	YEAR	MO	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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PA0050075 A3
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YEAR	MO	DAY	TO	YEAR	MO	DAY
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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.80	XXXXX	LB/DAY	XXXXX	0.70	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent: Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		(610) 645-4215	2015	04	28	
TYPED OR PRINTED		AREA CODE NUMBER		YEAR	MO	DAY

Gordon H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

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Facility Name: Willistown Woods STP Month: March Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

- Sample collection less frequent than required Explain CBOD5 (Influent) - 2 missed; TSS (Influent) - 2 missed
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 4/26/15



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Chester County
WATERSHED 3G

PA0050075	001
PERMIT NUMBER	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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	04	01		15	04	30

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1336	0.1717	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Measured	
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	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	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 (Influent)	SAMPLE MEASUREMENT	142.79	XXXXX	LB/DAY	XXXXX	131.50	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 05 27

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	04	01		15	04	30

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.89	XXXXX	LB/DAY	XXXXX	3.58	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	12.57	XXXXX	LB/DAY	XXXXX	11.52	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	272.97	XXXXX	LB/DAY	XXXXX	246.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	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 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	3.56	XXXXX	LB/DAY	XXXXX	3.15	XXXXX	MGL	1	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendant: Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	<i> Gordon H Miller </i>	TELEPHONE	DATE		
			(610) 645-4215	2015	05	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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WATERSHED 3G

PA0050075
PERMIT NUMBER

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Reporting Frequency Monthly
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Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.68	XXXXX	LB/DAY	XXXXX	0.61	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	<i> Gordon H Miller </i>	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations			(610) 645-4215	2015	05	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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



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: April Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
April	Ammonia	2.5	mg/L	Monthly Average	3.2	mg/L	Insufficient oxygen transfer from the aeration system	Working to refurbish the aeration system; expect to be in compliance for May

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller

Signature: *Gordon H Miller*

Title: Assistant Manager Wastewater

Date: 5/26/15



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
 County Chester
WATERSHED 3G

PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	04	01		15	04	30

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

Explanation: 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.



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
 CountyChester
WATERSHED 3G

DATA FOR MONTHLY AVERAGES

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	04	01			15	04

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

PERMITTEE NAME/ADDRESS

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	05	01		15	05	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1426	0.2280	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX			XXXX	Continuous
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.22	XXXXX	7.48	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.20	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	211.14	XXXXX	LB/DAY	XXXXX	165.20	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.33	XXXXX	LB/DAY	XXXXX	2.70	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	<p style="font-size: x-large; font-family: cursive;">Gordon H Miller</p>	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015	06	25	
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



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

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	5.95	XXXXX	LB/DAY	XXXXX	4.72	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	260.73	XXXXX	LB/DAY	XXXXX	201.60	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	2.31	XXXXX	LB/DAY	XXXXX	2.07	XXXXX	MGL	2	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Horizon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 06 25

YEAR MO DAY

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

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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PA0050075	001
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.92	XXXXX	LB/DAY	XXXXX	0.73	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>	TELEPHONE		DATE				
Thomas A. Cicala Superintendent: Wastewater Operations			(610) 645-4215		2015	06	25	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER		YEAR	MO	DAY	

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

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

NON-COMPLIANCE REPORTING FORM

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Facility Name: Willistown Woods STP Month: May Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
May	Ammonia	0.9	mg/L	Monthly Average	2.1	mg/L	Insufficient oxygen transfer from the aeration system	Working to refurbish the aeration system in mid-July
May	Ammonia	1.3	lb/day	Monthly Average	2.3	lb/day	Insufficient oxygen transfer from the aeration system	Working to refurbish the aeration system in mid-July

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 6/26/15



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	05	01		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.



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

DATA FOR MONTHLY AVERAGES

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	05	01			15	05

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

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)

PERMITTEE NAME/ADDRESS

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

PA0050075
PERMIT NUMBER

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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

Check here if No Discharge

NOTE: Read instructions before completing this form.

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

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1526	0.2785	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.17	XXXXX	7.11	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.75	XXXXX	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	MG/L		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	193.17	XXXXX	LB/DAY	XXXXX	147.75	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	5.22	XXXXX	LB/DAY	XXXXX	4.03	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent: Wastewater Operations TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE		
		(610) 645-4215		2015	07	23
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR	MO

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	20.47	XXXXX	LB/DAY	XXXXX	16.50	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	379.49	XXXXX	LB/DAY	XXXXX	280.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	0.92	XXXXX	LB/DAY	XXXXX	0.68	XXXXX	MGL	0	10/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2015	07	23
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	1.06	XXXXX	LB/DAY	XXXXX	0.82	XXXXX	MGL	0	10/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 07 23

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0898	0.1243	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.14	XXXXX	7.43	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.01	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL	Daily	Grab	
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL	Daily	Grab	
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	74.43	XXXXX	LB/DAY	XXXXX	108.40	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL	1/Week	24HR Comp	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.11	XXXXX	LB/DAY	XXXXX	3.06	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL	1/Week	24HR Comp	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 08 27

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	5.26	XXXXX	LB/DAY	XXXXX	7.63	XXXXX	MGL	0	6/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	137.36	XXXXX	LB/DAY	XXXXX	200.40	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	1.60	XXXXX	LB/DAY	XXXXX	2.25	XXXXX	MGL	2	6/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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Anderson H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

(610) 645-4215

2015 08 27

AREA CODE NUMBER

YEAR MO DAY

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

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.32	XXXXX	LB/DAY	XXXXX	0.47	XXXXX	MGL	0	6/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Thomas A. Cicala Superintendent, Wastewater Operations								(610) 645-4215	2015	08	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



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: July Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
July	Ammonia	0.9	mg/L	Monthly Average	2.3	mg/L	Insufficient oxygen transfer from the aeration system	Refurbished system by end of July; in compliance through Aug.
July	Ammonia	1.3	lb/day	Monthly Average	1.6	lb/day	Insufficient oxygen transfer from the aeration system	Refurbished system by end of July; in compliance through Aug.

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

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



COMMONWEALTH OF PENNSYLVANIA
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 BUREAU OF WATER STANDARD AND FACILITY REGULATION
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FACILITY Willistown Woods STP

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 County Chester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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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.



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LOCATION Willistown Township
County Chester
WATERSHED 3G

DATA FOR MONTHLY AVERAGES

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	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)

PERMITTEE NAME/ADDRESS

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

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	08	01		15	08	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. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.0832	0.1092	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	7.17	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.02	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	136.94	XXXXX	LB/DAY	XXXXX	176.75	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	3.03	XXXXX	LB/DAY	XXXXX	4.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent, Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2015 09 25

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	8.83	XXXXX	LB/DAY	XXXXX	12.39	XXXXX	MGL	0	26/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	174.58	XXXXX	LB/DAY	XXXXX	227.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
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	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.60	XXXXX	LB/DAY	XXXXX	0.87	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

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Gordon H Miller

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
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PERMITTEE NAME/ADDRESS

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.33	XXXXX	LB/DAY	XXXXX	0.46	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Superintendent, Wastewater Operations

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PERMITTEE NAME/ADDRESS

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ADDRESS 762 West Lancaster Avenue

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LOCATION Willistown Township

Chester County

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0792	0.1421	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.10	XXXXX	6.81	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00		Daily	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.31	XXXXX	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	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MG/L	Daily	Grab	
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	44.95	XXXXX	LB/DAY	XXXXX	68.59	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L	1/Week	24HR Comp	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.66	XXXXX	LB/DAY	XXXXX	2.52	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L	1/Week	24HR Comp	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Thomas A. Cicala Superintendent: Wastewater Operations	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE		DATE			
		(610) 645-4215	2015	10	27		
TYPED OR PRINTED	<i> Gordon H Miller</i>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	YEAR	MO	DAY

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

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Chester County
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	6.62	XXXXX	LB/DAY	XXXXX	10.09	XXXXX	MG/L	0	30/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	111.67	XXXXX	LB/DAY	XXXXX	170.40	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	7.00	47.00	^s 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	0.09	XXXXX	LB/DAY	XXXXX	0.14	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2015	10	27
TYPED OR PRINTED		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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PAGE 2 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.63	XXXXX	LB/DAY	XXXXX	0.98	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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Thomas A. Cicala Superintendent: Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015 10 27
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0750	0.0987	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.04	XXXXX	7.04	STD UNITS	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.05	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	70.75	XXXXX	LB/DAY	XXXXX	109.50	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.81	XXXXX	LB/DAY	XXXXX	2.85	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

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

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075	001
PERMIT NUMBER	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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	10	01		15	10	31

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	8.83	XXXXX	LB/DAY	XXXXX	14.35	XXXXX	MG/L	0	29/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	142.41	XXXXX	LB/DAY	XXXXX	219.00	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MG/L		1/Week	24HR Comp
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/100ML		1/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT	0.19	XXXXX	LB/DAY	XXXXX	0.30	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

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

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



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

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PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	10	01		15	10	31

Reporting Frequency Monthly
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Parameter		QUANTITY OR LOADING			Quality or Concentration			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Phosphorus	SAMPLE MEASUREMENT	0.42	XXXXX	LB/DAY	XXXXX	0.64	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.0819	0.1013	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.13	XXXXX	6.78	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.88	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	101.68	XXXXX	LB/DAY	XXXXX	159.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

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

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

Gordon H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (610) 645-4215
DATE 2015 12 21
AREA CODE NUMBER YEAR MO DAY

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



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

PERMITTEE NAME/ADDRESS

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ADDRESS 762 West Lancaster Avenue
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Chester County
WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	TO YEAR MO DAY
15 11 01	15 11 30

Reporting Frequency Monthly
DMR Effective From December 1, 2014
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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	3.63	XXXXX	LB/DAY	XXXXX	5.68	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	15.79	XXXXX	LB/DAY	XXXXX	23.57	XXXXX	MGL	1	30/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	112.21	XXXXX	LB/DAY	XXXXX	175.00	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY	XXXXX	MGL		1/Week	24HR Comp
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	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.51	XXXXX	LB/DAY	XXXXX	0.81	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

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

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

Jordan H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
(610) 645-4215	2015	12	21
AREA CODE NUMBER	YEAR	MO	DAY

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency Monthly
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Permit Expires November 30, 2019
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	11	01		15	11	30

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Parameter		QUANTITY OR LOADING			Quality or Concentration				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	1.38	XXXXX	LB/DAY	XXXXX	2.16	XXXXX	MG/L	1	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

DATE

2015 12 21

AREA CODE NUMBER

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF 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: November Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
November	Total Suspended Solids	17.0	mg/L	Monthly Average	23.6	mg/L	EQ pumps running at higher feed rates than usual, elevating TSS	Switched out the suspect EQ pump and have had positive results at desired flow rates
November	Total Phosphorus	1.0	mg/L	Monthly Average	2.2	mg/L	Process trains were not adjusted to higher than normal flow rates	Switch EQ pumps to control flow; replaced DelPac with new model

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 12/23/15



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
 County Chester

WATERSHED 3G

EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	11	01		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.



COMMONWEALTH OF PENNSYLVANIA
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BUREAU OF WATER STANDARD AND FACILITY REGULATION
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DATA FOR MONTHLY AVERAGES

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PA0050075	001
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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
15	11	01		15	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 (NH3) as Nitrogen
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	1.7000
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	0.7700
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
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15	11	01		15	11	30

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LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
11/18/2015 9:45:00 AM	12.0000	46.0000	0.2500	4.7000	0.5100
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	0.2500
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				



PERMITTEE NAME/ADDRESS

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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

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0871	0.1239		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.27	XXXXX	7.15		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	5.92	XXXXX	XXXXX	MGL	1	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	91.73	XXXXX	LB/DAY	XXXXX	137.40	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 01 28

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.74	XXXXX	LB/DAY	XXXXX	4.00	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	12.05	XXXXX	LB/DAY	XXXXX	16.26	XXXXX	MG/L	0	28/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	150.88	XXXXX	LB/DAY	XXXXX	222.40	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.32	XXXXX	LB/DAY	XXXXX	0.48	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

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Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 01 26

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.50	XXXXX	LB/DAY	XXXXX	0.74	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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Gordon H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE		
(610) 645-4215	2018	01	26
AREA CODE NUMBER	YEAR	MO	DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF 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: December Year: 2015
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
December	Dissolved Oxygen	6.0	mg/L	Inst Min	5.92	mg/L	DO test was taken at a time of low flow	Instructions on proper sampling procedures have been given; we do not expect further issues

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 1/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

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)
EXCURSION EXPLANATION

PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
CountyChester
WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

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



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

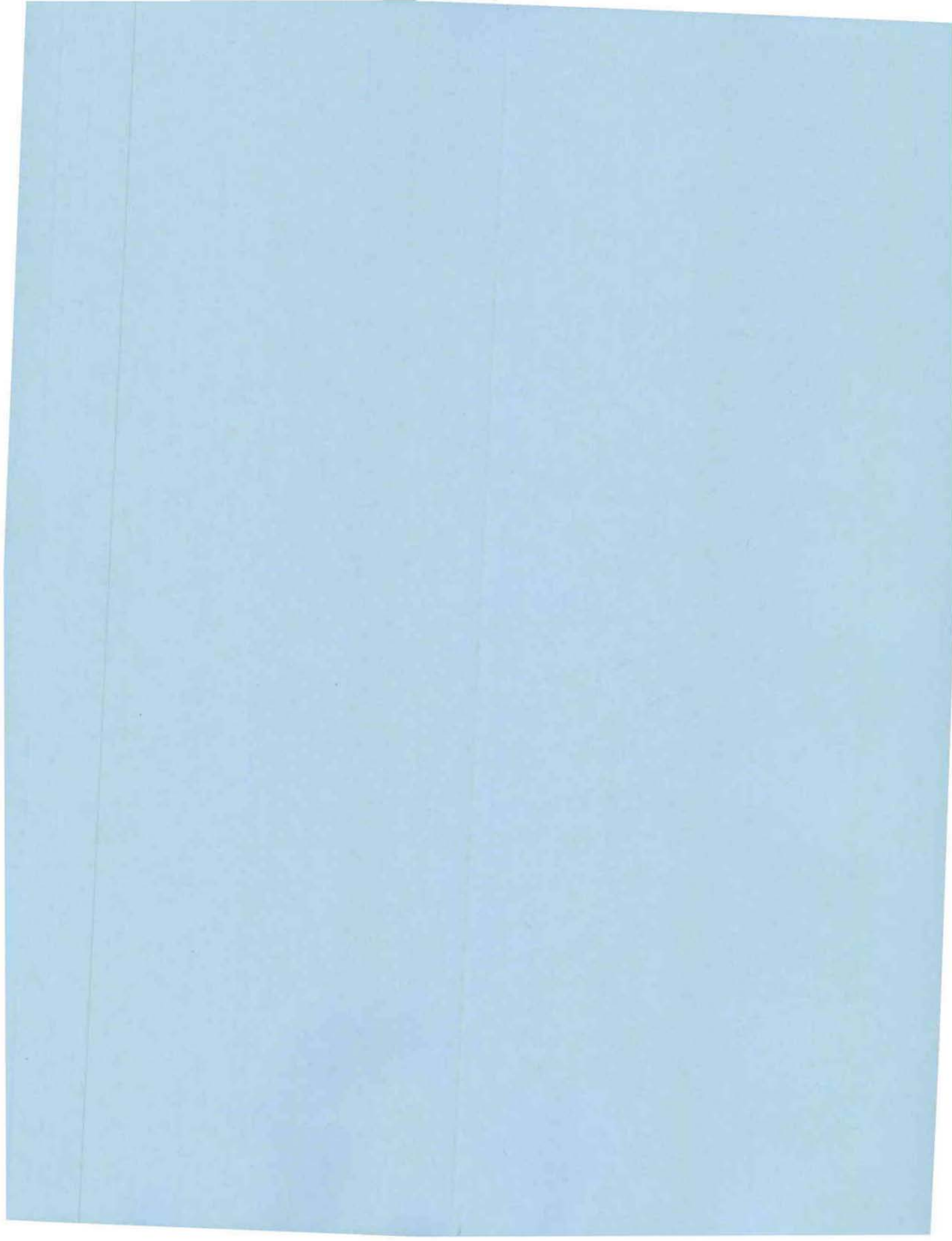
PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

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15	12	01		15	12	31

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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





COMMONWEALTH OF PENNSYLVANIA
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 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.0755	0.1030		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.19	XXXXX	7.22		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	7.32	XXXXX	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	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MG/L		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	102.71	XXXXX	LB/DAY	XXXXX	169.80	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					TELEPHONE		DATE		
Thomas A. Cicala Superintendent: Wastewater Operations							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 645-4215	2015 02 25	
TYPED OR PRINTED							AREA CODE NUMBER		YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM					
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	6.61	XXXXX	LB/DAY	XXXXX	10.43	XXXXX	MG/L	0	4/Month	24HR Comp	
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp	
Total Suspended Solids	SAMPLE MEASUREMENT	23.47	XXXXX	LB/DAY	XXXXX	38.34	XXXXX	MG/L	1	25/Month	24HR Comp	
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp	
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	137.61	XXXXX	LB/DAY	XXXXX	222.60	XXXXX	MG/L	0	5/Month	24HR Comp	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp	
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	Grab	
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp	
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp	
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.48	XXXXX	LB/DAY	XXXXX	0.76	XXXXX	MG/L	0	4/Month	24HR Comp	
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Thomas A. Cicala Superintendent: Wastewater Operations							<i> Gordon H Miller </i>		(610) 645-4215	2018	02	25
TYPED OR PRINTED									AREA CODE NUMBER		YEAR MO DAY	

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
 Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
 Chester County
WATERSHED 3G

PA0050075
 PERMIT NUMBER

001
 DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	01	01		16	01	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. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.62	XXXXX	LB/DAY	XXXXX	1.10	XXXXX	MG/L	1	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L			
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (610) 645-4215 AREA CODE NUMBER	DATE 2015 02 25 YEAR MO DAY
TYPED OR PRINTED				

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

Facility Name: Willistown Woods STP Month: January Year: 2016
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
January	Total Suspended Solids	17.0	mg/L	Monthly Average	38.3	mg/L	Combination of daily clarifier maintenance and absence of final effluent filter	Clarifier maintenance has been corrected; new filter is waiting to be installed
January	Total Phosphorus	1.0	mg/L	Monthly Average	1.1	mg/L	DelPac feed pump for process #2 not feeding correctly	Pump was replaced; should not be an issue moving forward

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

- Sample collection less frequent than required Explain ph, DO, TRC - 1 sample missed due to snowstorm
- Sample type not in compliance with permit Explain _____
- Violation of permit schedule Explain _____
- Other Explain _____
- Other Explain _____

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller

Signature: *Gordon H Miller*

Title: Assistant Manager Wastewater

Date: 2/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

WATERSHED 3G

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

EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
YEAR	MO	DAY		TO	YEAR	MO	DAY
16	01	01			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.



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	01	01		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.

LABORATORY DATA

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				
1/12/2016 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				



PERMITTEE NAME/ADDRESS

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Bryn Mawr, Pennsylvania 19010

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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	01	01		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.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
1/19/2016 9:25:00 AM	33.0000				
1/20/2016 9:30:00 AM	18.0000	1.0000	1.2000	6.4000	0.7900
1/21/2016 9:30:00 AM	134.0000				
1/22/2016 9:20:00 AM	138.0000				
1/25/2016 8:45:00 AM	107.0000				
1/27/2016 8:30:00 AM	50.0000	330.0000	0.4500	19.0000	1.3000
1/28/2016 9:26:00 AM	35.0000				
1/29/2016 9:50:00 AM	5.6000				



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

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0800	0.1199	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.09	XXXXX	7.26	STD UNITS	0	29/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00			Daily	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.23	XXXXX	XXXXX	MGL	0	29/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	15/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations								(610) 645-4215	2016	03	25
TYPED OR PRINTED								AREA CODE NUMBER	YEAR	MO	DAY

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

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

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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

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

Check here if No Discharge

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE		
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT					
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	10.93	XXXXX	LB/DAY	XXXXX	14.25	XXXXX	MG/L	1	4/Month	24HR Comp		
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp		
Total Suspended Solids	SAMPLE MEASUREMENT	14.66	XXXXX	LB/DAY	XXXXX	21.62	XXXXX	MG/L	1	25/Month	24HR Comp		
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp		
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp		
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp		
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	28.00	24640.00	#COL/100ML	3	9/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		24HR Comp		
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp		
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	1.52	XXXXX	LB/DAY	XXXXX	2.57	XXXXX	MG/L	1	5/Month	24HR Comp		
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1315. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Thomas A. Cicala Superintendent: Wastewater Operations									(610) 645-4215		2018	03	25
TYPED OR PRINTED									AREA CODE NUMBER		YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
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WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	02	01		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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.40	XXXXX	LB/DAY	XXXXX	0.57	XXXXX	MG/L	0	2/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2016	03
TYPED OR PRINTED		<small>AREA CODE NUMBER</small>	<small>YEAR</small>	<small>MO</small>	<small>DAY</small>

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

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Facility Name: Willistown Woods STP Month: February Year: 2016
 Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
February	CBOD5	FORMT	mg/L	Monthly Average		mg/L	Imbalance of flow to process tanks, reducing nutrient removal efficiency	Adjustments to balance flow and mixed liquor as even as possible; installing new final effluent filter
February	TSS	17.0	mg/L	Monthly Average		mg/L	See CBOD5 explanation	See CBOD5 explanation

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
 Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
 Date: 3/23/16



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: February Year: 2016
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
2/12, 2/22, 2/23	Fecal Coliform	1000	#col/100mL	Inst Max	24640	#col/100mL	See CBOD5 explanation	See CBOD5 explanation
February	Ammonia	2.5	mg/L	Monthly Average	2.57	mg/L	See CBOD5 explanation	See CBOD5 explanation

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification)

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 3/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

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)

EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	02	01		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 tanks, 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 Suspended Solids

Explanations: See CBOD5 explanation.

Fecal Coliform

Explanations: See CBOD5 explanation.



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

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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

Explanations: See CBOD5 explanation.



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 CountyChester
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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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	02	01		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.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
2/1/2016 11:55:00 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		0.4800		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				



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
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 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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	02	01		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.

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) as Nitrogen
2/18/2016 9:00:00 AM	19.0000				
2/19/2016 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			
2/26/2016 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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
Chester County

WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	03	01		16	03	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			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM					
Flow	SAMPLE MEASUREMENT	0.0797	0.1089	MGD	XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM		XXXXX	XXXXX	XXXXX	XXXX				
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.13	XXXXX	7.04	STD UNITS	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00					
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.65	XXXXX	XXXXX	MG/L	0	31/Month	Grab	
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MG/L				
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				
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	116.44	XXXXX	LB/DAY	XXXXX	182.80	XXXXX	MG/L	0	5/Month	24HR Comp	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L				
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp	
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations							<i>Brandon H Miller</i>		(610) 645-4215	2016	04	27
TYPED OR PRINTED									AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
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	TO	YEAR	MO	DAY
16	03	01		16	03	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			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	5.50	XXXXX	LB/DAY	XXXXX	8.42	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	10.36	XXXXX	LB/DAY	XXXXX	15.31	XXXXX	MG/L	0	30/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	245.03	XXXXX	LB/DAY	XXXXX	382.00	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.45	XXXXX	LB/DAY	XXXXX	0.71	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	(610) 645-4215	2016 04 27
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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



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

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	03	01		16	03	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. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.51	XXXXX	LB/DAY	XXXXX	0.79	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE	
Thomas A. Cicala Superintendent: Wastewater Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2016 04 27
TYPED OR PRINTED			AREA CODE NUMBER	YEAR MO DAY

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF 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: March Year: 2016
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
3/4	Fecal Coliform	1000	#col/100mL	Inst Max	1150	#col/100mL	Issues with ballast packs in the UV unit inhibited the unit's performance	Replacement ballast were purchased for the unit, should not be an issue moving forward

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 4/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Brvn Mawr. Pennsylvania 19010

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)

EXCURSION EXPLANATION

PA0050075 (A3)
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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.



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

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

LABORATORY DATA

Sample Date	Total Suspended Solids	Fecal Coliform	Phosphorus as P	CBOD5	Ammonia (NH3) 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				
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				
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	13.0000				
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				



PERMITTEE NAME/ADDRESS

NAME Aqua Perinsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

FACILITY Willistown Woods STP

LOCATION Willistown Township
County Chester

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	001
PERMIT NUMBER	DISCHARGE NUMBER

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

LABORATORY 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			
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				
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)

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Townshlp
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
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		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0856	0.1139		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	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	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.10	XXXXX	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	MG/L		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	90.53	XXXXX	LB/DAY	XXXXX	140.75	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	(610) 645-4215	2018 05 24
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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

PAGE 1 OF 2



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

PERMITTEE NAME/ADDRESS
NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

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Reporting Frequency Monthly
DMR Effective From December 1, 2014
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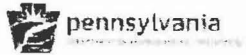
NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.56	XXXXX	LB/DAY	XXXXX	3.68	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	5.10	XXXXX	LB/DAY	XXXXX	7.03	XXXXX	MG/L	0	23/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	143.92	XXXXX	LB/DAY	XXXXX	227.00	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.35	XXXXX	LB/DAY	XXXXX	0.53	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE	
Thomas A. Cicala Superintendent: Wastewater Operations			(610) 645-4215	2018 05 24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

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

PAGE 2 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

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DISCHARGE NUMBER

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM					
Total Phosphorus	SAMPLE MEASUREMENT	1.26	XXXXX	LB/DAY	XXXXX	1.75	XXXXX	MG/L	1	7/Month	24HR Comp	
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp	
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE		DATE	
Thomas A. Cicala Superintendent: Wastewater Operations							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(610) 645-4215	2018	05	24
TYPED OR PRINTED									AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF 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: April Year: 2016
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
April	Total Phosphorus	1.0	mg/L	Monthly Average	1.8	mg/L	Issue with chemical feed pump, not allowing the pump to deliver the required amount of chemical	Pump was rebuilt and back in service, and a new replacement pump was ordered

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 5/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

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Bryn Mawr, Pennsylvania 19010

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)

EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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.



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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	001
PERMIT NUMBER	DISCHARGE NUMBER

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

LABORATORY 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				



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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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD							
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16	04	01		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.

LABORATORY DATA

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		



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

PERMITTEE NAME/ADDRESS

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Brvn Mawr. Pennsylvania 19010
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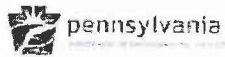
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.0937	0.1489		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	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	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.63	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	0/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	119.59	XXXXX	LB/DAY	XXXXX	161.25	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.28	XXXXX	LB/DAY	XXXXX	2.23	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		<i>Thomas A. Cicala</i>	(810) 645-4215	2016	06	28	
TYPED OR PRINTED		AREA CODE NUMBER	YEAR	MO	DAY		

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



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	2.21	XXXXX	LB/DAY	XXXXX	2.63	XXXXX	MG/L	0	29/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	180.48	XXXXX	LB/DAY	XXXXX	235.00	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	0.43	XXXXX	LB/DAY	XXXXX	0.72	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2015 06 28
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE	
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Total Phosphorus	SAMPLE MEASUREMENT	0.19	XXXXX	LB/DAY	XXXXX	0.33	XXXXX	MG/L	0	4/Month	24HR Comp	
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp	
	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 INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations									(610) 645-4215	2016	06	28
TYPED OR PRINTED									AREA CODE NUMBER	YEAR	MO	DAY

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

PAGE 3 OF 2



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1280	0.1727		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX			
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.11	XXXXX	7.96	STD UNITS	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	9.00				
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.45	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	0/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	175.31	XXXXX	LB/DAY	XXXXX	173.60	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.01	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 07 21

YEAR MO DAY

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
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PA0050075
PERMIT NUMBER

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp	
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp	
Total Suspended Solids	SAMPLE MEASUREMENT	1.84	XXXXX	LB/DAY	XXXXX	1.84	XXXXX	MG/L	0	5/Month	24HR Comp	
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp	
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	301.36	XXXXX	LB/DAY	XXXXX	302.40	XXXXX	MG/L	0	5/Month	24HR Comp	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp	
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	0.50	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	5/Month	24HR Comp	
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp	
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp	
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations							<i>Brandon H Miller</i>		(610) 645-4215	2018	07	21
TYPED OR PRINTED									AREA CODE NUMBER	YEAR	MO	DAY

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

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

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.72	XXXXX	LB/DAY	XXXXX	0.75	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT				
Flow	SAMPLE MEASUREMENT	0.1195	0.2353		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured	
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	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.36	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 (Influent)	SAMPLE MEASUREMENT	170.96	XXXXX	LB/DAY	XXXXX	143.25	XXXXX	MG/L	0	4/Month	24HR Comp	
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp	
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	2.35	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	4/Month	24HR Comp	
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
Thomas A. Cicala Superintendent: Wastewater Operations							<i> Gordon H Miller</i>		(610) 645-4215		2016 08 24	
TYPED OR PRINTED							OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	1.98	XXXXX	LB/DAY	XXXXX	1.70	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	252.36	XXXXX	LB/DAY	XXXXX	204.50	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	1.08	XXXXX	LB/DAY	XXXXX	0.75	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE			
Thomas A. Cicala Superintendent: Wastewater Operations			(610) 645-4215	2016	08	24
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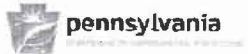
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.66	XXXXX	LB/DAY	XXXXX	0.55	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</small>	TELEPHONE	DATE			
Thomas A. Cicala Superintendent: Wastewater Operations		<i>Thomas A. Cicala</i>	(610) 645-4215	2016	08	24
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO	DAY

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1177	0.1594		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	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 (Influent)	SAMPLE MEASUREMENT	127.15	XXXXX	LB/DAY	XXXXX	133.60	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.92	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Gordon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(610) 645-4215

AREA CODE NUMBER

DATE

2016 08 23

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



PERMITTEE NAME/ADDRESS

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)

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	1.05	XXXXX	LB/DAY	XXXXX	1.08	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	264.14	XXXXX	LB/DAY	XXXXX	277.20	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319 (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		<i>Arden H Miller</i>	(610) 645-4215	2016	09	23	
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY	

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

PERMITTEE NAME/ADDRESS

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

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.83	XXXXX	LB/DAY	XXXXX	0.86	XXXXX	MGL	0	7/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
Superintendent: Wastewater Operations

TYPED OR PRINTED

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Verdon H Miller
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

(810) 645-4215

AREA CODE NUMBER

DATE

2016 08 23

YEAR MO DAY

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

SEE SUPPLEMENT SHEETS



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ADDRESS 762 West Lancaster Avenue
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COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

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YEAR	MO	DAY	TO	YEAR	MO	DAY
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1124	0.1658		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.56	XXXXX	7.43		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	6.36	XXXXX	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	MG/L		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	126.88	XXXXX	LB/DAY	XXXXX	142.50	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.83	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Thomas A. Cicala
 Superintendent: Wastewater Operations

TYPED OR PRINTED

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

Jordan H Miller
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater Inc.
ADDRESS 762 West Lancaster Avenue
Bryn Mawr Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075	001
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Permit Application due June 3, 2019

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

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.65	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	252.84	XXXXX	LB/DAY	XXXXX	279.00	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
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 10-31)	SAMPLE MEASUREMENT	0.46	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations								(610) 645-4215	2016	10	24
TYPED OR PRINTED								AREA CODE NUMBER	YEAR	MO	DAY

Verdon H Miller

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

PA0050075
PERMIT NUMBER

001
DISCHARGE NUMBER

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

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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Total Phosphorus	SAMPLE MEASUREMENT	0.60	XXXXX	LB/DAY	XXXXX	0.65	XXXXX	MG/L	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE: (610) 645-4215 DATE: 2016 09 24 AREA CODE NUMBER: YEAR MO DAY
TYPED OR PRINTED			

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

PAGE 3 OF 2



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
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YEAR	MO	DAY	TO	YEAR	MO	DAY
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.0748	0.1282		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX			
pH	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			
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.32	XXXXX	XXXXX	MGL	0	20/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL			
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	0/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL			
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT DAILY MONTHLY AVERAGE	XXXXX	MGL			
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT	1.85	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL	0	3/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations			(810) 645-4215	2016	10	27	
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reoprtng Form")
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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	0.63	XXXXX	LB/DAY	XXXXX	0.67	XXXXX	MG/L	0	3/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MG/L		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT MONTHLY AVERAGE	XXXXX	MG/L		1/Week	24HR Comp
Fecal Coliform	SAMPLE MEASUREMENT	XXXXX	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	24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MG/L		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MG/L	0		24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MG/L		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1318. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE	
Thomas A. Cicala Superintendent: Wastewater Operations			(610) 645-4215	2016 10 27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR MO DAY

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



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
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	TO	YEAR	MO	DAY
16	10	01		16	10	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

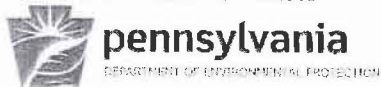
NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.67	XXXXX	LB/DAY	XXXXX	1.26	XXXXX	MGL	1	6/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MGL			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2016	10	27
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	YEAR	MO

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

Facility Name: Willistown Woods STP Month: October Year: 2016
Municipality: Willistown Township County: Chester Permit No.: PA0050075

Violations of Permit Effluent Limitations*

Date	Parameter	Permit Limit	Units	Statistical Code	Result	Units	Cause of Violation	Corrective Action Taken
October	Total Phosphorus	1.0	mg/L	Monthly Average	1.3	mg/L	Operator error; inadvertently ran out of DelPac200 (chemical used for Phosphorus removal)	Results back in compliance with new order of chemical; corrective actions taken with operator

Sanitary Sewer Overflows and Other Unauthorized Discharges*

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

Other Permit Violations*

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

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

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).

Prepared By: Gordon Miller
Title: Assistant Manager Wastewater

Signature: *Gordon H Miller*
Date: 11/23/16



PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.

ADDRESS 762 West Lancaster Avenue
Bryn Mawr, Pennsylvania 19010

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)
EXCURSION EXPLANATION

PA0050075 (A3)	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	10	01		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.



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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	001
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
16	10	01			16	10

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
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
10/21/2016 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		
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		
10/28/2016 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		



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

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PA0050075	001
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16	11	01		16	11	30

Reporting Frequency Monthly
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNIT	NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM				
Flow	SAMPLE MEASUREMENT	0.1253	0.1723		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	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	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	7.77	XXXXX	XXXXX	MGL	0	30/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	0/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	117.37	XXXXX	LB/DAY	XXXXX	113.20	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations	<p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</p>	(610) 645-4215	2016 12 23
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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



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

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16	11	01		16	11	30

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.08	XXXXX	LB/DAY	XXXXX	2.00	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	0.54	XXXXX	LB/DAY	XXXXX	0.52	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	289.53	XXXXX	LB/DAY	XXXXX	281.20	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
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		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	0.52	XXXXX	LB/DAY	XXXXX	0.50	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1318. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	TELEPHONE	DATE
Thomas A. Cicala Superintendent: Wastewater Operations		(610) 645-4215	2016 12 23
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COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 BUREAU OF WATER STANDARD AND FACILITY REGULATION
 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PA0050075	001
PERMIT NUMBER	DISCHARGE NUMBER

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

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.58	XXXXX	LB/DAY	XXXXX	0.56	XXXXX	Mg/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	Mg/L		1/Week	24HR Comp
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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Thomas A. Cicala Superintendent: Wastewater Operations				(610) 645-4215	2016	12	23
TYPED OR PRINTED				AREA CODE NUMBER	YEAR	MO	DAY

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

PAGE 3 OF 2



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

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Chester County
WATERSHED 3G

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

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		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Flow	SAMPLE MEASUREMENT	0.1332	0.1785		XXXXX	XXXXX	XXXXX	XXXX	0	Continuous	Measured
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	REPORT DAILY MAXIMUM	MGD	XXXXX	XXXXX	XXXXX	XXXX		Continuous	Measured
pH	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	6.30	XXXXX	7.28		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	6.80	XXXXX	XXXXX	MGL	0	31/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	6.00	XXXXX	XXXXX	MGL		Daily	Grab
Total Residual Chlorine	SAMPLE MEASUREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.00	0.00	MGL	0	0/Month	Grab
	PERMIT REQUIREMENT	XXXXX	XXXXX	XXXX	XXXXX	0.05	0.12	MGL		Daily	Grab
CBOD5 Raw Sewage (Influent)	SAMPLE MEASUREMENT	116.63	XXXXX	LB/DAY	XXXXX	108.50	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	REPORT DAILY MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
CBOD5 (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0	0/Month	24HR Comp
	PERMIT REQUIREMENT	12.00	XXXXX	LB/DAY	XXXXX	8.50	XXXXX	MGL		1/Week	24HR Comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations		<i>Jordan H Miller</i>	(610) 645-4215	2017	01	28	
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY	

COMMENTS (Report all violations on the "Non-Compliance Reporting Form")
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER STANDARD AND FACILITY REGULATION
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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Chester County

WATERSHED 3G

PA0050075
PERMIT NUMBER

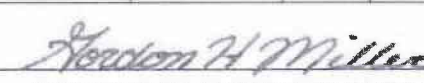
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Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
CBOD5 (11-01 to 04-30)	SAMPLE MEASUREMENT	2.32	XXXXX	LB/DAY	XXXXX	2.13	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	18.00	XXXXX	LB/DAY	XXXXX	12.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids	SAMPLE MEASUREMENT	1.40	XXXXX	LB/DAY	XXXXX	1.30	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	25.00	XXXXX	LB/DAY	XXXXX	17.00	XXXXX	MGL		1/Week	24HR Comp
Total Suspended Solids (Influent)	SAMPLE MEASUREMENT	212.22	XXXXX	LB/DAY	XXXXX	196.50	XXXXX	MGL	0	4/Month	24HR Comp
	PERMIT REQUIREMENT	REPORT MONTHLY AVERAGE	XXXXX	LB/DAY	XXXXX	MONTHLY AVERAGE	XXXXX	MGL		1/Week	24HR Comp
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	COL/100ML		1/Week	Grab
Ammonia as N (05-01 to 10-31)	SAMPLE MEASUREMENT		XXXXX	LB/DAY	XXXXX		XXXXX	MGL	0		24HR Comp
	PERMIT REQUIREMENT	1.30	XXXXX	LB/DAY	XXXXX	0.90	XXXXX	MGL		1/Week	24HR Comp
Ammonia as N (11-01 to 04-30)	SAMPLE MEASUREMENT	1.76	XXXXX	LB/DAY	XXXXX	1.66	XXXXX	MGL	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	3.60	XXXXX	LB/DAY	XXXXX	2.50	XXXXX	MGL		1/Week	24HR Comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)							TELEPHONE	DATE		
Thomas A. Cicala Superintendent: Wastewater Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							(610) 645-4215	2017	01	25
TYPED OR PRINTED								AREA CODE NUMBER	YEAR	MO	DAY

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

SEE SUPPLEMENT SHEETS



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

PERMITTEE NAME/ADDRESS

NAME Aqua Pennsylvania Wastewater, Inc.
ADDRESS 762 West Lancaster Avenue
Brvn Mawr, Pennsylvania 19010
FACILITY Willistown Woods STP
LOCATION Willistown Township
Chester County
WATERSHED 3G

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

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

Check here if No Discharge

NOTE: Read instructions before completing this form.

Parameter		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	Frequency OF Analysis	SAMPLE TYPE
		MONTHLY AVERAGE	WEEKLY AVERAGE	UNITS	INST. MINIMUM	MONTHLY AVERAGE	INST. MAXIMUM	UNIT			
Total Phosphorus	SAMPLE MEASUREMENT	0.75	XXXXX	LB/DAY	XXXXX	0.68	XXXXX	MG/L	0	5/Month	24HR Comp
	PERMIT REQUIREMENT	1.50	XXXXX	LB/DAY	XXXXX	1.00	XXXXX	MG/L			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<p style="font-size: small;">I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC §1001 AND 33 USC §1319. (PENALTIES UNDER THESE STATUTES MAY INCLUDE FINES UP TO \$10,000 AND OR MAXIMUM IMPRISONMENT OF BETWEEN 6 MONTHS AND 5 YEARS.)</p>	TELEPHONE	DATE			
Thomas A. Cicala Superintendent: Wastewater Operations		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(610) 645-4215	2017	01	28
TYPED OR PRINTED			AREA CODE NUMBER	YEAR	MO	DAY

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

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