
EXHIBIT M3

WATER QUALITY MANAGEMENT PERMIT
FOR DELCORA'S SHEEDER TRACT WWTF



Scanned to server

April 20, 2015

CERTIFIED MAIL NO. 7013 2250 0000 7504 1694

Robert J. Willert
Executive Director
DELCORA
PO Box 999
Chester, PA 19016

Dr. B. Willert
RECEIVED
APR 23 2015

BY *2015-0411*

*cc: RJW
MJD
Joe D. Matko*

Re: WQM Permit - Sewage
Sheeder Tract Subdivision
Permit No. 1505419
Authorization ID No. 1050423
Pocopson Township, Chester County

Dear Mr. Willert:

Your Water Quality Management (WQM) permit is enclosed. You must comply with all Standard and Special Conditions attached to this Permit. Please review the permit conditions and the supporting documentation.

Note: Please pay special attention to significant changes to the irrigation conditions that are outlined in the special conditions of the permit.

Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S. Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717.787.3483. TDD users may contact the Board through the Pennsylvania Relay Service, 800.654.5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in braille or on audiotape from the Secretary to the Board at 717.787.3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST REACH THE BOARD WITHIN 30 DAYS. YOU DO NOT NEED A LAWYER TO FILE AN APPEAL WITH THE BOARD.

IMPORTANT LEGAL RIGHTS ARE AT STAKE, HOWEVER, SO YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER,

Mr. Robert J. Willert

- 2 -

YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD (717.787.3483) FOR MORE INFORMATION.

If you have any questions, please contact Karen McDaniel at 484.250.5126 or kmcdaniel@pa.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Fields', with a stylized flourish at the end.

Jenifer L. Fields, P.E.
Environmental Program Manager
Clean Water Program

Enclosures

cc: Pocopson Township
Chester County Health Department
Chester County Board of Commissioners
Ms. Hessler, Castle Valley Consultants
Operations-SERO
Ms. Sansoni- SERO
Ms. Lashley- SERO
Re



WATER QUALITY MANAGEMENT PERMIT

PERMIT NO. 1505419

AMENDMENT NO. Renewal

APS ID. 857488

AUTH. ID. 1050423

A. PERMITTEE (Name and Address): DELCORA PO Box 999 Chester, PA 19016		CLIENT ID#: 110302	B. PROJECT/FACILITY (Name): Sheeder Tract Wastewater Treatment Plant	
C. LOCATION (Municipality, County): Pocopson Township, Chester County			SITE ID#: 656747	
D. This permit approves the renewal of sewage facilities consisting of: the existing : An influent pump station with a grinder, an aerated treatment lagoon, a storage lagoon, chlorination, and a spray irrigation system discharging effluent to 3- zones on 9.02 acres.				
Pump Stations: Influent , Spray Irrigation Design Capacity: 125 GPM , 516 GPM		Lagoon Storage: Volume: 6.4 MGD Freeboard: 24 inches	Sewage Treatment Facility: Annual Average Flow: .045150 MGD Design Hydraulic Capacity: .125 MGD Design Organic Capacity: 96 lb/day	
E. APPROVAL GRANTED BY THIS PERMIT IS SUBJECT TO THE FOLLOWING: 1. New Permits: All construction, operations and procedures shall be in accordance with the Water Quality Management Permit application dated _____, its supporting documentation and addendums dated _____, which are hereby made a part of this permit. Renewal : All construction, operations and procedures shall be in accordance with the Water Quality Management Permit Amendment application dated 11/10/2014 and its supporting documentation and addendums dated _____, which are hereby made a part of this amendment. Except for any herein approved modifications, all terms, conditions, supporting documentation and addendums approved under Water Quality Management Permit No. _____ dated _____ shall remain in effect. Transfers: Water Quality Management Permit No. _____ dated _____ and conditions, supporting documentation and addendums are also made part of this transfer. 2. Permit Conditions Relating to Sewerage are attached and made part of this permit. 3. Special Conditions I - XVI are attached and made part of this permit.				
F. THE AUTHORITY GRANTED BY THIS PERMIT IS SUBJECT TO THE FOLLOWING FURTHER QUALIFICATIONS: 1. If there is a conflict between the application or its supporting documents and amendments and the attached conditions, the attached conditions shall apply. 2. Failure to comply with the rules and regulations of DEP or with the terms or conditions of this permit shall void the authority given to the permittee by the issuance of this permit. 3. This permit is issued pursuant to the Clean Streams Law Act of June 22, 1937, P.L. 1987, as amended 35 P.S. §691.1 <i>et seq.</i> Issuance of this permit shall not relieve the permittee of any responsibility under any other law. 4. This permit shall expire on _____. The permittee shall submit an application to renew the permit no later than 180 days prior to the permit expiration date.				
PERMIT ISSUED: April 20, 2015		BY: Jenifer L. Fields, P.E. TITLE: Clean Water Program Manager Southeast Regional Office		

SPECIAL CONDITIONS
Water Quality Management Permit No. 1505419
Pocopson Township, Chester County

This permit is subject to the following Special Condition(s):

- I. Effective disinfection to control disease producing organisms shall be the production of an effluent which will contain a concentration not greater than 200/100 ml of Fecal Coliform organisms, as a geometric average value not greater than 1,000/100 ml of these organisms in more than 10 percent of the samples tested.
- II. Copies of monthly Discharge Monitoring Reports must be submitted within 28 days of the end of the monitoring period to:

Department of Environmental Protection
Southeast Regional Office
Water Management
2 East Main Street
Norristown, PA 19401

III. Discharge Limitations and Monitoring Requirements

Effluent from the sewage treatment plant shall be sampled from a designated sampling point and shall be limited at all times as follows:

Parameter	Discharge Limitations (mg/l)			Monitoring Requirements	
	Average Monthly	Average Weekly	Instantaneous Maximum	Measurement Frequency	Sample Type
Flow (mgd)	.045150			Continuous	Recorded
CBOD ₅	25		50	1/Month	8 Hour Composite
Total Nitrogen*	Monitor/ Report		Monitor/ Report	1/Month	8 Hour Composite
Suspended Solids	30		60	1/Month	8 Hour Composite
Fecal Coliform	200/100 ml as geometric average			1/Month	Grab
pH	Within limits of 6.0 to 9.0 standard units at all times			1/Month	Grab

* Total Nitrogen = Total Kjeldahl Nitrogen + Nitrite (NO₂) + Nitrate (NO₃)

Additional treatment requirements include the satisfactory disposal of sludge and the reduction of quantities of oils, greases, acids, alkalis, toxic, taste and odor producing substances, inimical to the public interest to levels which will not pollute the receiving waters

IV. Groundwater Monitoring Requirements

The permittee shall effectively monitor the quality of the groundwater. The parameters to be tested, and frequency of analysis and other monitoring requirements shall be as follows:

- Quarterly analysis of groundwater sampled at groundwater monitoring wells MW-1, MW-2, MW-3, MW-4, MW-5R, MW-6, and MW-7 shall consist of: static water level, sampling depth, turbidity, pH, chloride, total phosphorus, ammonia nitrogen, nitrate nitrogen, nitrite nitrogen, total dissolved solids, fecal coliform, and alkalinity.
- Annual analysis of groundwater sampled at all groundwater monitoring wells shall consist of: total solids, settleable solids, total iron, total manganese, sulfate, and sodium.
- Groundwater elevations must be measured prior to purging the groundwater monitoring well.
- Before collection of the groundwater sample, a groundwater monitoring well shall be properly purged and allowed to recover to at least 90 percent of the well volume that was present prior to purging.
- All groundwater samples shall be collected from within the top five feet of the water elevation within the well column.

V. Groundwater Monitoring Data Reporting Requirements

All groundwater data shall be submitted to DEP **annually** and be in **report form**. The report shall be due to DEP within 28 days of the end of your annual permit cycle. For example, if your permit was issued on March 4, 2008, then your annual report is due by April 28, 2009. The annual report shall be mailed under separate cover and addressed to:

Department of Environmental Protection
Southeast Regional Office
Clean Water Program
2 East Main Street
Norristown, PA 19401

Attention: Hydrogeologist
Planning Section

The annual groundwater monitoring report shall include the following information:

1. General Information

- A. Facility name
- B. Facility permit number
- C. Facility location (including municipality and county)
- D. Facility contact information:
 - permittee name, address, and telephone number
 - contact name and title
 - facility operator name, address, and telephone number
 - facility consultant name, address, and telephone number

2. Site Information

- A. Brief narrative, including site limitations.
- B. Soil type and bedrock lithology beneath the absorption areas.
- C. Site drawings showing general location of absorption fields and monitoring wells. Drawings must show site topography.

3. Construction details of each groundwater monitoring well shall include:

- A. Well depth.
- B. Casing depth.
- C. Static water levels.
- D. Surface elevation.
- E. Well log.
- F. Water bearing zones.
- G. Top of casing elevation.
- H. Ground surface elevation.

4. Site History

- A. Date site 537 approval issued.
- B. Date site permit issued.
- C. Date groundwater monitoring began.
- D. Date treatment plant started operation.
- E. Date land application of treated wastewater started.

- F. Date of any additional permit actions and description of actions (e.g., waiver of special conditions or anything else which may impact the groundwater monitoring program contained within this permit). Include copy of any correspondence in correspondence section.
- G. Date and description of any enforcement action.
- H. Date and description of any facility event which impacted any part of the groundwater monitoring program whether or not it resulted in an enforcement action (e.g., collapse of groundwater monitoring well, etc.).

5. Site Data

- A. Average effluent flow for the year covered by the report.
- B. In tabular form, the following information needs to be provided for at least the last 5 years of system operation:
 - i. Date of sampling.
 - ii. Groundwater elevation.
 - iii. Sampling depth.
 - iv. Identification of upgradient and downgradient wells.
 - v. The results of the analysis of the samples.
- C. Background groundwater data generated prior to system start-up.

6. Comprehensive Groundwater Evaluation (CGE)

As part of the facility's 5-year permit renewal application, the permittee shall submit a report that is a result of a comprehensive evaluation of the systems impact on groundwater. A Registered P.G. must identify any trends which may pose a threat to human health or certify that none are present. Should adverse impacts to groundwater be identified, the permittee needs to recommend actions to address the potential threat.

VI. Sprayfield Weekly Maximum Hydraulic Loadings

- A. Effluent flows to each sprayfield must be consistent with the maximum hydraulic loading requirements of the following table, which provides the weekly maximum irrigation gallons for each zone.
- B. The permittee shall include with the monthly Discharge Monitoring Report a Supplemental Land Application System Form 3800-FM-BPNPSM0449 that indicates the gallons per day discharged to each of the zones.
- C. At no time shall the application rate exceed 0.25 inch per hour.

**MAXIMUM WEEKLY HYDRAULIC LOADINGS
IN GALLONS PER ZONE**

Month	Zone 1 3.78 ac Grass Field (gal/wk)	Zone 2 3.29 ac Wooded (gal/wk)	Zone 3 1.98 ac Grass Field (gal/wk)
Jan	51,318	44,666	26,881
Feb	51,318	44,666	26,881
Mar	153,954	133,997	80,643
Apr	153,954	133,997	80,643
May	205,272	178,663	107,524
Jun	256,590	223,328	134,404
Jul	256,590	223,328	134,404
Aug	256,590	133,997	134,404
Sep	256,590	111,664	134,404
Oct	112,900	98,265	59,138
Nov	102,636	58,065	53,762
Dec	51,318	44,666	26,881

VII. Sprayfield Operation

- A. Application of the effluent shall be managed to prevent runoff from the permitted spray fields and ponding of effluent.
- B. No irrigation is to occur on frozen soils.
- C. No irrigation is to occur if more than 0.5 inches of rainfall has fallen during the previous 24 hours.
- D. The operator is to assess soil moisture content and soil/vegetation conditions frequently. It is the operator's responsibility to inspect the fields on a routine basis to prevent and/or address damage to the irrigation fields.
- E. The spray fields shall be maintained to ensure that vegetation does not interfere with or impair proper operation of the spray heads.
- F. All spray fields must be managed to maintain a perennial grass or forested cover. Several times each growing season, grass fields must be harvested by cutting, with clippings removed off the spray fields. Forested fields should be maintained to remove dead and fallen wood during periods that would minimize soil compaction by equipment.
- G. Sprayfield vegetation and soils must be managed in accordance with an approved annual Crop Management Plan (CMP). Upon notification by the Department, the permittee shall prepare and submit an updated CMP for review and approval.

XIII. Storage Lagoon Management

At all times, the wastewater levels in the lagoon shall be managed within the low and high water level parameters as designed. The water level shall be controlled so that a freeboard of at least 24 inches is maintained at all times. The Department must be notified if the water level is anticipated to enter freeboard.

- IX. If there is a change in ownership of this facility or in permittee name, an application for transfer of permit must be submitted to the Department.
- X. The authorization to discharge contained in this permit shall expire in five years from the date of issuance, or reissuance. Application for renewal of this permit, or notification of intent to cease discharging by the expiration date, must be submitted to the Department at least 180 days prior to the above expiration date (unless permission has been granted by the Department for submission at a later date). In the event that a timely and complete application for renewal has been submitted and the Department is unable, through no fault of the permittee, to reissue the permit before the above expiration date, the terms and conditions of this permit will be automatically continued and will remain fully effective and enforceable pending the grant or denial of the application for permit renewal. The application for renewal shall be submitted on the appropriate Water Quality Management Part II Application forms and shall include a tabulated summary of all groundwater monitoring data for the previous five years, including a discussion of groundwater quality trends resulting from this discharge.
- XI. Unless, otherwise, specified in this permit, the test procedures for analysis of pollutants shall be those contained in 40 C.F.R. Part 136, or alternative test procedures approved pursuant to that Part. For the analysis of CBOD₅, consult Section 507 of Standard Methods.
- XII.** If the permittee monitors any pollutant more frequently than the permit requires, the results of this monitoring shall be incorporated, as appropriate, into the calculations used to report self-monitoring data on the DMR.

XIII. Recording of Results

For each measurement or sample taken pursuant to the requirements of this permit, the permittee shall record the following information:

1. The exact place, date, and time of sampling or measurement.
2. The person(s) who performed the sampling or measurement.
3. The dates the analyses were performed.
4. The person(s) who performed the analyses.
5. The analytical techniques or methods used.
6. The results of such analyses.

XIV. Recordkeeping and Retention

The permittee shall keep records of operation and efficiency of the wastewater treatment facilities. All records of monitoring activities and results (including all original strip chart recordings for continuous monitoring instrumentation and calibration and maintenance records), copies of all reports required by this permit, and records of all data used to complete the application for this permit shall be retained by the permittee for three (3) years. The three-year period shall be extended as requested by the Department.

XV. Laboratory Certification

The Environmental Laboratory Accreditation Act of 2002 requires that all environmental laboratories register with the Department of Environmental Protection. An environmental laboratory is any facility engaged in the testing or analysis of environmental samples required by a statute administered by the Department relating to the protection of the environment or of public health, safety, and welfare.

VXI. The facility shall be operated under the charge of a responsible operator(s) certified under the Pennsylvania Water and Wastewater Systems Operations Certification Act (Act 11). The operator(s) shall comply with the continuing education requirements required under the regulations and guidelines related to Act 11.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PRIMARY FACILITY NAME/ADDRESS

NAME Sheeder Tract Subdivision STP

CLIENT Pocopson Township Chester County

ADDRESS PO Box 999
Chester, PA 19016

LOCATION Pocopson Township
Chester County

WATERSHED 3-H

1505419

PERMIT NUMBER

Sprayfield Zones 1,2
and 3

OUTFALL NUMBER

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
			TO			

Reporting Frequency: _____

DMR Effective From: _____

DMR Effective To: _____

Permit Expires: April 30 2020

Permit Application Due: November 1, 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
		Average	Maximum	UNITS	Average Monthly	Average Weekly	Inst. Maximum	UNITS			
FLOW	SAMPLE MEASUREMENT				XXXX	XXXX	XXXX				
	PERMIT REQUIREMENT	.045150	MONITOR/REPORT	MGD	XXXX	XXXX	XXXX	XXXX		CONTINUOUS	METER
CBOD5	SAMPLE MEASUREMENT	XXXX	XXXX			XXXX					
	PERMIT REQUIREMENT	XXXX	XXXX	XXXX	25	XXXX	50	MG/L		1/MONTH	8HR COMPOSITE
TSS	SAMPLE MEASUREMENT	XXXX	XXXX			XXXX					
	PERMIT REQUIREMENT	XXXX	XXXX	XXXX	30	XXXX	60	MG/L		1/MONTH	8HR COMPOSITE
TOTAL NITROGEN	SAMPLE MEASUREMENT	XXXX	XXXX			XXXX					
	PERMIT REQUIREMENT	XXXX	XXXX	XXXX	MONITOR/REPORT	XXXX	MONITOR/REPORT	MG/L		1/MONTH	8HR Composite
FECAL COLIFORM	SAMPLE MEASUREMENT	XXXX	XXXX			XXXX	XXXX				
	PERMIT REQUIREMENT	XXXX	XXXX	XXXX	200/100ML GEOMETRIC MEAN	XXXX	XXXX	#/100ml		1/MONTH	GRAB
pH	SAMPLE MEASUREMENT	XXXX	XXXX			XXXX					
	PERMIT REQUIREMENT	XXXX	XXXX	XXXX	6.0 MINIMUM	XXXX	9.0 MINIMUM	SU		1/MONTH	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 Pa. C.S. § 4904 (relating to unsworn falsification).					TELEPHONE		DATE		
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")



INSTRUCTIONS FOR COMPLETING DISCHARGE MONITORING REPORTS (DMRs)

General

One or more Discharge Monitoring Reports (DMRs) are attached to your permit for reporting the results of self-monitoring activities as required by your permit. You should make copies of the DMRs for your ongoing use, unless you elect to participate in the Department of Environmental Protection's (DEP's) electronic DMR (eDMR) program (see www.dep.state.pa.us/edmr).

- Reporting frequencies will vary depending on the monitoring frequencies listed in your permit, and are generally monthly, quarterly semi-annually and annually.
- Your reports must be received by DEP on the 28th day of the month following the end of the reporting period, unless otherwise specified in Part C of your permit.
- Your permit may require submission of DMRs to other agencies, including the U.S. Environmental Protection Agency (EPA).
- If you receive DMRs in the mail from EPA, please discontinue use of DMR Form No. 3800-FM-BPNPSM0462 and begin using EPA's DMRs.
- DMRs will generally include pre-populated information for permittee name and address, facility location, permit number, outfall number, permit expiration date, parameter names, and permit requirements. If you identify any errors on a DMR issued by DEP, please contact the DEP regional office that issued your permit. If you identify any errors on a DMR issued by EPA, please contact DEP's Central Office at 717-787-6744. **DO NOT make changes to DMRs issued to you.**
- You may use computer-generated replicas of Form No. 3800-FM-BPNPSM0462 or of EPA's DMR if you receive prior approval from DEP and EPA. **DEP reserves the right to instruct you to discontinue the submission of computer-generated DMRs if the permit requirements you entered on the form are inaccurate.**

Instructions

1. Enter statistical results into each blank field below the "VALUE" column headers. Results must be reported in the same units shown on the DMR.
2. Sum the total number of excursions or exceedances of permit limits across the row for each parameter and enter the value into the "NO. EX" field. For example, if the permit contains limits of 6.0 S.U. (Minimum) and 9.0 S.U. (Maximum) for pH, and the Minimum and Maximum results are 5.9 S.U. and 9.1 S.U., respectively, enter "2" into the "NO. EX" field.
3. Report the actual sampling frequency and sample type utilized during the reporting period in the fields corresponding to "Frequency of Analysis" and "Sample Type", respectively.
4. Type the name of the principal executive officer (or an authorized agent designated by a principal executive officer) who is taking responsibility for the report, sign the report (should be in ink), enter the telephone number of the responsible individual, and record the date that the report was signed. Mail only original, signed copies of DMRs.
5. In the Comments section at the bottom of the DMR, you may write a brief summary of violations in this section; however, DEP requests that all violations during the monitoring period be reported in more detail on DEP's **Non-Compliance Reporting Form** (3800-FM-BPNPSM0440) and be submitted as an attachment to the DMR. Other uses of the Comments Section include explanations of attachments to the DMR, explanations for the unavailability of data, and brief summaries of issues that have affected operations or effluent quality during the monitoring period. Always consider attaching a letter or separate document to explain your situation in more detail.

No Discharge or No Data Available

If there was no discharge at all from an outfall during the monitoring period, check the “No Discharge” box on the top of the DMR. Complete the information above and below the table and mail the DMR to the appropriate agencies. Be sure to sign and date the DMR.

If there was no discharge of a specific parameter (e.g., if a chlorine limit is in the permit but chlorine was not used for disinfection during the entire reporting period), or if data are not available for a specific parameter for the entire reporting period, do not leave the DMR blank. Instead, report one of the following No Data Indicator (NODI) codes that apply to your situation in the appropriate value field, and **provide an explanation as an attachment to the DMR**:

- A** Use if you are exempted from monitoring the parameter because of a General Permit condition.
- E** Use if all samples or results are not available for the reporting period due to equipment failure or because sample collection was overlooked or samples could not be collected for the parameter.
- GG** Use if your permit requires sample collection and analysis only under certain conditions and those conditions were not met during the reporting period (e.g., report chlorine results only when chlorination system is used).
- FF** Other: use if there is any reason for the absence of data that is not covered by those above.

If you have at least one result for a parameter, the value should be reported and not a NODI code.

Calculations

The following explains how to calculate statistical values that are commonly required by permits:

Monthly Average – For Loading (lbs/day), sum the total of daily loadings and divide by the number of samples during the month. To calculate the daily loading, multiply the daily concentration (mg/l) by the flow (MGD) on the date of sampling and a conversion factor of 8.34. For Concentration, sum the total of daily concentrations and divide by the number of samples.

Weekly Average – For Loading (lbs/day), sum the total of average daily loadings during each week of the reporting period (beginning on a Sunday and ending on a Saturday) and divide by the number of samples during the week. For Concentration, sum the total of daily concentrations each week and divide by the number of samples. Report the maximum weekly average on the DMR.

Maximum Daily (“Daily Max”) – Report the maximum concentration or load measured during a 24-hour period during the reporting period; if multiple measurements are taken daily, include all data in the analysis.

Instantaneous Maximum (“IMAX”) – Report the maximum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Instantaneous Minimum (“Minimum”) – Report the minimum result obtained by a grab sample for a specific pollutant over the entire reporting period covered by a DMR.

Total Monthly Load (lbs) – Sum the total of average daily loadings, divide by the number of samples during the month, and multiply by the number of days in the month.

Geometric Mean – Report the average of a set of n sample results given by the n th root of their product. If any result is zero (0), substitute 1 for the calculation. For example, five samples were analyzed with the following results: 20, 300, 400, 500, and 0. The calculation of geometric mean is as follows (note that you will need to use the power function on a calculator):

$$\sqrt[5]{20 \cdot 300 \cdot 400 \cdot 500 \cdot 1} = \sqrt[5]{1,200,000,000} = (1,200,000,000)^{1/5} = 65$$

Non-Detect Data**Conventional and Toxic Parameters**

For calculating average values of data sets in which there are some "detections" (results at or above the laboratory reporting limit) and some "non-detect" data (results reported below the laboratory reporting limit), use the reporting limit for non-detect data. In other words, ignore the less than (<) symbol for statistical calculations and include the < symbol with the statistical result if there is at least one non-detect result in the data set. For example, four samples were analyzed with the following results: < 1.0, 2.0, < 1.0, and 1.0. The average statistical result is < 1.3.

Where the permit includes an effluent limitation for a parameter that is less than the most sensitive detection limit available, and the laboratory reports a value at or below the lowest level specified by the permit, you may use zero (0) in the calculation in lieu of the reporting limit, if the parameter is identified in 25 Pa. Code Chapter 16, Appendix A, Tables 2A and 2B. In general, parameters with limitations that are less than the most sensitive detection limit will be identified in Part C of the permit, if applicable.

Bacteria Parameters

Report all "non-detect" (e.g., < 2) and "too numerous to count" (TNTC) (e.g., > 2,000) results on DMR supplemental forms as reported by the laboratory. Do not report "TNTC" on supplemental forms, but instead report a value qualified with the ">" symbol. Where a data set includes one or more "non-detect" and/or TNTC results, calculate the geometric mean by ignoring qualifying symbols, but report the value with the symbol. If a data set includes both ">" and "<" qualifiers, the ">" qualifier takes precedence for reporting. For all "non-detect" values, specify in the Comments section of the DMR the maximum volume filtered at the laboratory.

Example 1 – For results are determined, < 2, 10, 20, and 30. The geometric mean should be reported as $< (2 \bullet 10 \bullet 20 \bullet 30)^{0.25} = < 10$. Specify the maximum volume filtered for the < 2 result in the DMR Comments.

Example 2 – Three results are determined, < 2, 1,000, and > 2,000. The geometric mean should be reported as $> (2 \bullet 1,000 \bullet 2,000)^{0.333} = > 158$.

Rounding and Precision

Statistical values reported on the DMR should be rounded to the same number of decimal places as the limit for the parameter as set forth in the permit. If the permit does not contain a limit but requests monitoring only, statistical values for concentration results should be rounded to the maximum number of decimal places in the data set as reported by the laboratory or the instrument used for analysis. If mass loads must be reported and there is no limit, round statistical values to the nearest whole number, unless the calculated number is less than one, in which case the value should be rounded to one significant figure (e.g., 0.1, 0.05, etc.). If the number you are rounding is followed by 5, 6, 7, 8, or 9, round the number up, otherwise round down.

The documents "Discharge Monitoring Reports Overview and Summary" (3800-BK-DEP3047) and "Management of Non-Detect Results for Discharge Monitoring Reports" (3800-FS-DEP4262) contain more information and are incorporated by reference. These documents are available on DEP's website.



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

PERMIT CONDITIONS RELATING TO SEWERAGE
For use in Water Quality Management Permits

(Check boxes that apply)

General

- ☐ 1. The Department of Environmental Protection (DEP) considers the licensed Professional Engineer whose seal is affixed to the design documents to be fully responsible for the adequacy of all aspects of the facility design.
- ☒ 2. The permittee shall adopt and enforce an ordinance requiring the abandonment of privies, cesspools or similar receptacles for human waste and onlot sewage disposal systems on the premises of occupied structures accessible to public sewers. All such structures must be connected to the public sewers.
- ☐ 3. The outfall sewer or drain shall be extended to the low water mark of the receiving body of water. Where necessary to ensure proper mixing and waste assimilation, an outfall sewer or drain may be extended with appurtenances below the low water mark and into the bed of a navigable stream provided that the permittee has secured an easement, right-of-way, license or lease from DEP in accordance with Section 15 of the Dam Safety and Encroachments Act, the Act of November 26, 1978, P.L. 1375, as amended.
- ☒ 4. The approval is specifically made contingent on the permittee acquiring all necessary property rights, by easement or otherwise, providing for the satisfactory construction, operation, maintenance and replacement of all sewers or sewerage structures in, along or across private property with full rights of ingress, egress and regress.
- ☐ 5. When construction of the approved sewerage facilities is completed and before they are placed in operation, the permittee shall notify DEP in writing so that a DEP representative may inspect the facilities.
- ☐ 6. The approval of the plans, and the authority granted in this permit, if not specifically extended, shall cease and be null and void 2 years from the issuance date of this permit unless construction or modification of the facilities covered by this permit has begun on or before the second anniversary of the permit date.
- ☒ 7. If, at any time, the sewerage facilities covered by this permit create a public nuisance, including but not limited to, causing malodors or causing environmental harm to waters of the Commonwealth, DEP may require the permittee to adopt appropriate remedial measures to abate the nuisance or harm.
- ☒ 8. If, after the issuance of this permit, DEP approves a municipal sewage facilities official plan or an amendment to an official plan under Act 537 (Pennsylvania Sewage Facilities Act, the Act of January 24, 1966, P.L. 1535 as amended) in which sewage from the herein approved facilities will be treated and disposed of at other planned facilities, the permittee shall, upon notification from the municipality or DEP, provide for the conveyance of its sewage to the planned facilities, abandon use and decommission the herein approved facilities including the proper disposal of solids, and notify DEP accordingly. The permittee shall adhere to schedules in the approved official plan, amendments to the plan, or other agreements between the permittee and municipality. This permit shall then, upon notice from DEP, terminate and become null and void and shall be relinquished to DEP.
- ☒ 9. This permit does not relieve the permittee of its obligations to comply with all federal, interstate, state or local laws, ordinances and regulations applicable to the sewerage facilities.
- ☒ 10. This permit does not give any real or personal property rights or grant any exclusive privileges, nor shall it be construed to grant or confirm any right, easement or interest in, on, to or over any lands which belong to the Commonwealth.
- ☐ 11. The authority granted by this permit is subject to all effluent requirements, monitoring requirements and other conditions as set forth in NPDES Permit No. and all subsequent amendments and renewals. No discharge is authorized from these facilities unless approved by an NPDES Permit.

Construction

- ☒ 12. This permit is issued under the authorization of The Clean Streams Law and 25 Pa. Code Chapter 91. The permittee shall obtain all necessary permits, approvals and/or registrations under 25 Pa. Code Chapters 102, 105 and 106 prior to commencing construction of the facilities authorized by this permit, as applicable. The permittee should contact the DEP office that issued this permit if there are any questions concerning the applicability of additional permits.

- ☐ 13. The facilities shall be constructed under the supervision of a Pennsylvania licensed Professional Engineer in accordance with the approved reports, plans and specifications.
- ☐ 14. A Pennsylvania licensed Professional Engineer shall certify that construction of the permitted facilities was completed in accordance with the application and design plans submitted to DEP, using "Post Construction Certification" form (3800-PM-WSFR0179a). It is the permittee's responsibility to ensure that a Professional Engineer is on-site to provide the necessary oversight and/or inspections to certify the facilities. The certification must be submitted to DEP before the facility is placed in operation. As-built drawings, photographs (if available) and a description of all deviations from the application and design plans must be submitted to DEP within 30 days of certification.
- ☒ 15. Manhole inverts shall be formed to facilitate the flow of the sewage and to prevent the stranding of sewage solids. The manhole structure shall be built to prevent undue infiltration, entrance of street wash or grit and provide safe access to facilitate manhole maintenance activities.
- ☒ 16. The local Waterways Conservation Officer of the Pennsylvania Fish and Boat Commission (PFBC) shall be notified when the construction of any stream crossing and/or outfall is started and completed. A written permit must be secured from the PFBC if the use of explosives in any waterways is required and the permittee shall notify the local Waterways Conservation Officer when explosives are to be used.

Operation and Maintenance

- ☒ 17. The permittee shall maintain records of "as-built" plans showing all the treatment facilities as actually constructed together with facility operation and maintenance (O&M) manuals and any other relevant information that may be required. Upon request, the "as-built" plans and O&M manuals shall be filed with DEP.
- ☒ 18. The sewers shall have adequate foundation support as soil conditions require. Trenches shall be back-filled to ensure that sewers will have proper structural stability, with minimum settling and adequate protection against breakage. Concrete used in connection with these sewers shall be protected from damage by water, freezing, drying or other harmful conditions until cured.
- ☒ 19. Stormwater from roofs, foundation drains, basement drains or other sources shall not be admitted directly to the sanitary sewers.
- ☒ 20. The approved sewers shall be maintained in good condition, kept free of deposits by flushing or other cleaning methods and repaired when necessary.
- ☒ 21. The sewerage facilities shall be properly operated and maintained to perform as designed.
- ☒ 22. The attention of the permittee is called to the highly explosive nature of certain gases generated by the digestion of sewage solids when these gases are mixed in proper proportions with air and to the highly toxic character of certain gases arising from such digestion or from sewage in poorly ventilated compartments or sewers. Therefore, at all places throughout the sewerage facilities where hazard of fire, explosion or danger from toxic gases may occur, the permittee shall post conspicuous permanent and legible warnings. The permittee shall instruct all employees concerning the aforesaid hazards, first aid and emergency methods of meeting such hazards and shall make all necessary equipment and material accessible.
- ☒ 23. An operator certified in accordance with the Water and Wastewater Systems Operator Certification Act of February 21, 2002, 63 P.S. §§1001, *et seq.* shall operate the sewage treatment plant.
- ☒ 24. The permittee shall properly control any industrial waste discharged into its sewerage system by regulating the rate and quality of such discharge, requiring necessary pretreatment and excluding industrial waste, if necessary, to protect the integrity or operation of the permittee's sewerage system.
- ☒ 25. There shall be no physical connection between a public water supply system and a sewer or appurtenance to it which would permit the passage of any sewage or polluted water into the potable water supply. No water pipe shall pass through or come in contact with any part of a sewer manhole.
- ☒ 26. All connections to the approved sanitary sewers must be in accordance with the official Act 537 Plan and, if applicable, a corrective action plan as contained in the approved Title 25 Pa. Code Chapter 94 Municipal Wasteload Management Annual Report.
- ☒ 27. Collected screenings, slurries, sludge and other solids shall be handled and disposed of in compliance with Title 25 Pa. Code Chapters 271, 273, 275, 283 and 285 (related to permits and requirements for land filling, land application, incineration and storage of sewage sludge), Federal Regulations 40 CFR 257 and the Federal Clean Water Act and its amendments.

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name: <u>DELCORA</u>							
Address: <u>PO Box 999</u>							
<u>Chester, PA 19016</u>							
PERMIT NUMBER				MONITORING PERIOD Year/Month/Day			
1505419						TO	
PARAMETER	ANALYSIS METHOD	LAB NAME		LAB ID NUMBER²			

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

Name/Title Principal Executive Officer

Phone: _____

**Signature of Principal Executive Officer or
Authorized Agent**

Date: _____

¹ Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.

SUPPLEMENTAL REPORT LAND APPLICATION SYSTEMS

Facility Name: Sheeder Tract Subdivision
 Municipality: Pocopson Township County: Chester
 Watershed: 3-H

Month: _____
 Permit No.: 1505419
 This permit will expire on _____

Year: _____
 Outfall No.: _____

	Zone: 1 Acres: 3.78	Zone: 2 Acres: 3.29	Zone: 3 Acres: 1.98	Zone: Acres:	Zone: Acres:	Precipitation		Average Temp	Ground Conditions
Day	Gallons	Gallons	Gallons	Gallons	Gallons	Inches	Type	°F	(Wet, Dry, Frozen)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Totals:									

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: _____
 Title: _____

Signature: _____
 Date: _____



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

**INSTRUCTIONS FOR COMPLETING
LAND APPLICATION SYSTEMS
SUPPLEMENTAL REPORT**

Use this form to document wastewater management activities for facilities with land application programs (e.g., surface or subsurface irrigation, drip irrigation, etc.) approved under a Water Quality Management (WQM) permit.

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, Permit No., Outfall No. (if applicable) and Permit Expiration Date (if applicable).
2. Next to each "Zone" heading (this may also be considered "land application site"), enter a unique identifier. For example, "1," "2," etc. or "Site 1," "Site 2," etc. If the name of the zone or site is too long for the space provided, please use an abbreviation. Up to five zones can be accommodated on one report. If you have more than five zones, please use more sheets. Next to each "Acres" heading, enter the number of acres that receive effluent (e.g., "wetable acres").
3. Enter the daily volume (gallons) applied onto each zone.
4. Enter the average daily temperature at the land application site. An on-site temperature monitoring system is recommended, but other approaches may be acceptable, such as use of local airport data.
5. Enter the daily ground surface conditions (site-wide). Recommended entries include "dry," "wet," and "frozen," but others may be used.
6. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



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

SUPPLEMENTAL REPORT – CHEMICAL ADDITIVES USAGE

Facility Name: Sheeder Tract Subdivision
Municipality: Pocopson Township County: Chester
Watershed: 3-H

Month: _____ Year: _____
NPDES Permit No.: 1505419 Outfall No.: _____
Renewal application due **180 days** prior to expiration
This permit will expire on _____

Day	Chemical Names															
	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18																
19																
20																
21																
22																
23																
24																
25																
26																
27																
28																
29																
30																
31																
Average																
Maximum																

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: _____
Title: _____

Signature: _____
Date: _____



INSTRUCTIONS FOR COMPLETING CHEMICAL ADDITIVES USAGE SUPPLEMENTAL REPORT

1. Enter Facility Name, Municipality, County, Watershed No., Month, Year, NPDES Permit No., Outfall No. and Permit Expiration Date. A separate sheet is required for each outfall that receives chemical additives.
2. In the spaces below the Chemical Names header in the table, enter the chemical additives used at the facility. If more than eight additives are used per Outfall, add more sheets.
3. Enter the daily usage rates for each chemical. Enter additives introduced in liquid form in the "gallons" column and additives in solid form (or if you have calculated the mass equivalent of liquid additives) under the "lbs" column.
4. Calculate and report the average and maximum usage rates for each chemical at the bottom of the table.
5. Type the name of the person who prepared the form, the person's job title, and sign and date the form after reading the certification statement.



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: Sheeder Tract Subdivision

Month: _____ Year: _____

Municipality: Pocopson Township County: Chester

Permit No.: 1505419

☐ **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***

- | | | |
|--|---------|-------|
| <input type="checkbox"/> Sample collection less frequent than required | Explain | _____ |
| <input type="checkbox"/> Sample type not in compliance with permit | Explain | _____ |
| <input type="checkbox"/> Violation of permit schedule | Explain | _____ |
| <input type="checkbox"/> Other | Explain | _____ |
| <input type="checkbox"/> 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: _____

Signature: _____

Title: _____

Date: _____



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

INSTRUCTIONS FOR COMPLETING 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). If you are reporting other non-compliance events, and the deadline for a written report (e.g., 5 days) does not coincide with your submission of the DMR, this form should be submitted separately to the Department by the reporting deadline set forth in the permit.

If you are unsure of whether an incident constitutes non-compliance that may endanger health or the environment, it is recommended that you notify the Department verbally as soon as possible after you become aware of the incident. 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.

Instructions:

1. Enter the name of the facility, the municipality and county where it is located, the month and year when violations occurred, and the NPDES or WQM permit number for the facility.
2. If there were violations of permit effluent limitations during the month, check the box next to "Violations of Permit Effluent Limitations." (Note – if using the electronic version of this form, check the boxes first, and then select Tools – Unprotect Document to enter additional information). Enter the date of the violation (if a violation of a minimum or maximum limit, the date of sample collection, or if a violation of an average limit, the end of the monitoring period), the parameter name, the permit limit and units, the statistical code (e.g., "MIN", "MAX", "MO AVG", etc.), the measured result and units, the cause of the violation and the corrective action taken. **If there are more than two violations during the monitoring period and/or if the space provided is insufficient to explain the cause or corrective action, please attach additional pages.**
3. If there are Sanitary Sewer Overflow (SSO) discharges or other unauthorized discharges from the facility (e.g., spills, leaks, etc.) that enter or have the potential to enter waters of the Commonwealth, including groundwater, notify DEP by phone as soon as possible, and document the discharge on this form by checking the box next to "Sanitary Sewer Overflows and Other Unauthorized Discharges." Record the event (discharge) date, the substance discharged (e.g., sewage, on-site chemicals, etc.), the location where the discharge occurred (e.g., manhole number, pump station name, equipment description, etc.), the volume discharged (gallons), the approximate duration of the discharge (hours), the receiving waters (name of stream or groundwater), the impact on the receiving waters, if observed (e.g., solids deposition, foam, fish kill, etc.), the cause of the discharge, and the date on which the Department was verbally notified. **If there are more than two discharge events during the monitoring period and/or if the space provided is insufficient to explain the discharge, please attach additional pages.**
4. If there are other violations of the permit, check the box next to "Other Permit Violations," and check the appropriate box that describes the violation type. If not identified on the form, check the box next to "Other" and provide a written explanation. **If the space provided is insufficient to explain the violation, please attach additional pages.**
5. Type your name and title and sign and date the form after reading the certification statement.

If you have questions about completing this form, contact the Clean Water Program Operations Section of the Department in your region:

Southeast Region – (484) 250-5970
Northeast Region – (570) 826-2553
Southcentral Region – (717) 705-4707

Northcentral Region – (570) 327-0532
Southwest Region – (412) 442-4060
Northwest Region – (814) 332-6942