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Devin Ryan

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717-612-6052 Direct  
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File #: 176145

November 15, 2019

**VIA OVERNIGHT DELIVERY**

RECEIVED

NOV 15 2019

Rosemary Chiavetta, Secretary  
Pennsylvania Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2nd Floor North  
P.O. Box 3265  
Harrisburg, PA 17105-3265

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**Re: In the Matter of the Application of The York Water Company, Under Sections 507, 1102(a)(1) and 1102(a)(3) of the Public Utility Code, for approval of the right of The York Water Company to (1) enter into a municipal contract to acquire certain public wastewater facilities from Felton Borough; and (2) begin to offer or furnish wastewater service to the public in the Borough of Felton, York County, Pennsylvania - Docket No. A-2019-3013113**

Dear Secretary Chiavetta:

Enclosed for filing are The York Water Company's ("York Water") responses to the Bureau of Technical Utility Services Data Requests, Nos. 9 and 24, in the above-referenced proceeding. These responses were inadvertently omitted from the responses that were filed on October 30, 2019.

Due to the size of the scanned files, York Water is submitting a CD containing scanned copies of the enclosed responses.

Copies will be provided as indicated on the Certificate of Service.

Respectfully submitted,

Devin Ryan

DTR/kl  
Enclosures

ALLENTOWN HARRISBURG LANCASTER PHILADELPHIA PITTSBURGH PRINCETON WASHINGTON, D.C.

A PENNSYLVANIA PROFESSIONAL CORPORATION

Rosemary Chiavetta, Secretary

November 15, 2019

Page 2

cc: Bureau of Technical Utility Services  
Clinton McKinley (via E-mail [cmckinley@pa.gov](mailto:cmckinley@pa.gov))  
Matthew Lamb (via E-mail [mlamb@pa.gov](mailto:mlamb@pa.gov))  
Certificate of Service

**The York Water Company**  
**Responses to Bureau of Technical Utility Services, Water/Wastewater Division**  
**Data Request 1**

Application of The York Water Company - Wastewater for approval of the acquisition of the wastewater system assets of the Felton Borough at Docket No. A-2019-3013113

**DISCOVERY A-9**

Please provide copies of the Discharge Monitoring Reports (DMRs) referenced in the Application's page 7 as well as Felton's DMRs for the months of January through August 2019.

**RESPONDENT:**

Joseph T. Hand  
Chief Operating Officer

**RESPONSE:**

Copies of Felton Borough's Discharge Monitoring Reports (DMRs) for calendar year 2018 and January through August of calendar year 2019 are attached.

**RECEIVED**

NOV 15 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

March 24, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed February 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: December 1, 2012  
 DMR Effective To: November 30, 2017  
 Permit Expires: November 30, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	02	01		18	02	28

Permit Application Due: June 3, 2017

Check here if No Discharge

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0243	0.0463	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.05	XXX	7.80	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	8.8	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	< 0.8	< 0.8	lbs/d	XXX	< 4.5	6	mg/l	0	2/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	33.6	34.2	XXX	XXX	254	XXX	#/100 ml	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	0.6	4.90	lbs/d	XXX	4	4	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	38.7	41.1	XXX	XXX	301	XXX	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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.</small>							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager								484-643-0024		2018	03	24
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-I

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	02	01		18	02	28

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	185	190	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024		2018	03	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH February 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent									Weather	
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 mi		mg/l
1	0.0114					900								7.62	11.6			CLOUDY
2	0.0114	348	33.1	432	41.1			< 3	< 0.3	4	0.4			7.49	12.1	180		CLEAR
3	0.0125													7.51	11.7			CLEAR
4	0.0150													7.44	11.1			CLOUDY
5	0.0183					450								7.21	12.1			CLEAR
6	0.0127					1350	350							7.80	11.6			CLOUDY
7	0.0142					1350	460							7.66	12.8			RAIN
8	0.0255					750								7.44	11.6			CLEAR
9	0.0124					900								7.58	10.6			CLOUDY
10	0.0183													7.42	10.4			RAIN
11	0.0104													7.49	10.6			RAIN
12	0.0331					450								7.05	10.2			CLEAR
13	0.0202					600								7.62	11.5			CLEAR
14	0.0251					900	540							7.59	10.5			CLEAR
15	0.0256	160	34.2	170	36.3	600		6	1.3	4	0.9			7.33	9.3	190		CLOUDY
16	0.0303					1500	400							7.11	12.8			CLOUDY
17	0.0411													7.15	11.7			CLEAR
18	0.0368													7.08	11.1			CLOUDY
19	0.0372					900	560							7.33	11.8			CLOUDY
20	0.0365													7.30	11.4			CLEAR
21	0.0341					900	380							7.33	9.3			CLEAR
22	0.0217													7.22	10.2			RAIN
23	0.0306					1050	540							7.23	9.9			CLOUDY
24	0.0180													7.22	10.1			CLOUDY
25	0.0281													7.28	10.0			CLOUDY
26	0.0463													7.41	10.8			CLOUDY
27	0.0194					600								7.33	10.2			CLEAR
28	0.0338					600								7.35	8.8			CLOUDY
29																		
30																		
31																		
Avg	0.0243	254	33.6	301	38.7	863	461	< 4.5	< 0.8	4	0.6			7.38	10.9	185		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> <small>Year/Month/Day</small>		
PA 0088579	18 02 01	TO	18 02 28
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
3/24/2018

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Mon, Mar 26, 2018 at 12:48 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 02/01/2018-02/28/2018  
**Report Due Date:** 03/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 92051  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for [View/Revise Submitted](#).



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

April 24, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed March 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017  
Permit Application Due: June 3, 2017  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	03	01		18	03	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	SAMPLE MEASUREMENT	0.0191	0.0418	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured		
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured		
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.97	XXX	7.73	S.U.	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab		
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	9.2	XXX	XXX	mg/l	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab		
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.8	0.8	lbs/d	XXX	6.0	7.0	mg/l	0	2/MONTH	8-Hr Composite		
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite		
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	24.3	32.9	XXX	XXX	189	XXX	#/100 ml	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
Total Suspended Solids	SAMPLE MEASUREMENT	0.8	4.90	lbs/d	XXX	5.7	7.0	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite		
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	38.0	50.8	XXX	XXX	289	XXX	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		<small>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.</small>							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager											AREA CODE	NUMBER	YEAR
TYPED OR PRINTED				484-643-0024	2018	04	23						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	03	01		18	03	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	120	130	CFU/ 100 ml	O	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE	DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024	2018	04	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH March 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Influent						Process Control		Effluent								Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0215						650							7.39	9.6			CLOUDY
2	0.0367													6.97	9.8			CLOUDY
3	0.0324													7.18	9.9			CLEAR
4	0.0418													7.08	10.1			CLEAR
5	0.0397													7.50	11.5			CLEAR
6	0.0206					900	500							7.38	9.9			CLOUDY
7	0.0241					450								7.44	9.8			SNOW
8	0.0282	140	32.9	216	50.8	900		6	1.4	7.0	1.6			7.35	10.0	110		CLEAR
9	0.0232					900	650							7.29	9.7			CLOUDY
10	0.0183					450								7.46	11.0			CLOUDY
11	0.0149													7.38	10.5			CLEAR
12	0.0226					900	700							6.97	10.4			CLOUDY
13	0.0112					1800	450							7.73	13.0			CLEAR
14	0.0175					1800								7.44	9.6			CLOUDY
15	0.0114					1800								7.16	9.9			CLEAR
16	0.0172					1800								7.62	9.7			CLEAR
17	0.0151													7.45	9.8			CLEAR
18	0.0203													7.55	9.9			CLEAR
19	0.0239					1800	450							7.61	10.7			CLEAR
20	0.0076	219	13.9	296	18.8	900	350	7	0.4	6.0	0.4			7.56	10.3	130		CLOUDY
21	0.0108													7.42	13.2			SNOW
22	0.0044													7.44	12.5			CLOUDY
23	0.0149													7.41	10.2			CLOUDY
24	0.0130													7.38	11.1			CLEAR
25	0.0185													7.25	10.5			SNOW
26	0.0196						350							7.39	9.9			CLEAR
27	0.0101					900	600							7.52	9.4			CLOUDY
28	0.0150	208	26.0	356	44.5	1350		5	0.6	4.0	0.5			7.40	10.6			CLOUDY
29	0.0160													7.43	9.9			CLEAR
30	0.0111					600								7.40	9.2			RAIN
31	0.0113													7.38	9.5			CLEAR
Avg	0.0191	189	24.3	289	38.0	1150	522	6	0.8	6	0.8			7.38	10.4	120		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH March 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent								Weather		
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l
1	0.0215						650							7.39	9.6			CLOUDY
2	0.0367													6.97	9.8			CLOUDY
3	0.0324													7.18	9.9			CLEAR
4	0.0418													7.08	10.1			CLEAR
5	0.0397													7.50	11.5			CLEAR
6	0.0206					900	500							7.38	9.9			CLOUDY
7	0.0241					450								7.44	9.8			SNOW
8	0.0282	140	32.9	216	50.8	900		6	1.4	7.0	1.6			7.35	10.0	110		CLEAR
9	0.0232					900	650							7.29	9.7			CLOUDY
10	0.0183					450								7.46	11.0			CLOUDY
11	0.0149													7.38	10.5			CLEAR
12	0.0226					900	700							6.97	10.4			CLOUDY
13	0.0112					1800	450							7.73	13.0			CLEAR
14	0.0175					1800								7.44	9.6			CLOUDY
15	0.0114					1800								7.16	9.9			CLEAR
16	0.0172					1800								7.62	9.7			CLEAR
17	0.0151													7.45	9.8			CLEAR
18	0.0203													7.55	9.9			CLEAR
19	0.0239					1800	450							7.61	10.7			CLEAR
20	0.0076	219	13.9	296	18.8	900	350	7	0.4	6.0	0.4			7.56	10.3	130		CLOUDY
21	0.0108													7.42	13.2			SNOW
22	0.0044													7.44	12.5			CLOUDY
23	0.0149													7.41	10.2			CLOUDY
24	0.0130													7.38	11.1			CLEAR
25	0.0185													7.25	10.5			SNOW
26	0.0196						350							7.39	9.9			CLEAR
27	0.0101					900	600							7.52	9.4			CLOUDY
28	0.0150	208	26.0	356	44.5	1350		5	0.6	4.0	0.5			7.40	10.6			CLOUDY
29	0.0160													7.43	9.9			CLEAR
30	0.0111					600								7.40	9.2			RAIN
31	0.0113													7.38	9.5			CLEAR
Avg	0.0191	189	24.3	289	38.0	1150	522	6	0.8	6	0.8			7.38	10.4	120		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. Walker*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>Felton Borough</u>			
Address: <u>88 Main Street</u> <u>Felton, PA 17322</u>			
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> <small>Year/Month/Day</small>		
PA 0088579	18 03 01 TO 18 03 31		
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>		
<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>		
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
4/23/2018

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

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**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Sat, Apr 28, 2018 at 11:31 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 03/01/2018-03/31/2018  
**Report Due Date:** 04/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 96620  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

May 24, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed April 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

**PERMITTEE NAME/ADDRESS**  
NAME: FELTON BOROUGH  
**ADDRESS:** 88 Main Street  
Felton, PA 17322-9051  
**FACILITY:** Felton Borough STP  
**LOCATION:** Felton Borough  
York County  
**WATERSHED:** 7-I

PA0088579  
**PERMIT NUMBER**

001  
**DISCHARGE NUMBER**

**Reporting Frequency:** Monthly  
**DMR Effective From:** December 1, 2012  
**DMR Effective To:** November 30, 2017  
**Permit Expires:** November 30, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	04	01		18	04	30

**Permit Application Due:** June 3, 2017  
Check here if No Discharge

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0263	0.0727	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.06	XXX	7.91	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	5.6	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	< 1.3	< 1.3	lbs/d	XXX	< 6	9	mg/l	0	2/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	78.1	116.2	XXX	XXX	408	XXX	#/100 ml	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	2.5	4.90	lbs/d	XXX	12	18	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	201.5	348.5	XXX	XXX	1128	XXX	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.			TELEPHONE		DATE				
Frederick P. Walton, Operations Manager										484-643-0024	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	YEAR	MO	DAY		

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	04	01		18	04	30

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	105	110	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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 persons 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.							TELEPHONE		DATE	
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024	2018	05	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH April 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Influent					Process Control		Effluent								Weather			
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC	
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l	
1	0.0129													7.41	9.6			CLOUDY	
2	0.0155					1200								7.34	8.4			CLOUDY	
3	0.0111					900	250							7.55	7.3			CLOUDY	
4	0.0100													7.43	7.8			CLOUDY	
5	0.0127					2400	600							7.56	7.2			CLEAR	
6	0.0210					900								7.53	9.1			CLEAR	
7	0.0104													7.48	8.5			CLOUDY	
8	0.0173													7.51	9.2			CLOUDY	
9	0.0207					600	240							7.77	10.3			CLOUDY	
10	0.0199	700	116.2	2100	348.5	900	700	9	1.5	18.0	3.0			7.91	11.1	110		CLEAR	
11	0.0166					1350	770							7.74	10.3			CLOUDY	
12	0.0263					1350	550							7.35	10.4			CLEAR	
13	0.0120					600	250							7.44	10.8			CLOUDY	
14	0.0203					600								7.41	10.5			CLEAR	
15	0.0161					600								7.45	10.9			CLOUDY	
16	0.0340					1200								7.07	6.8			CLOUDY	
17	0.0468					600								7.40	5.6			CLOUDY	
18	0.0537					1350	350							7.59	9.6			CLEAR	
19	0.0288					450								7.46	9.6			CLOUDY	
20	0.0401					900	300							7.47	10.3			CLEAR	
21	0.0199					450								7.45	10.1			CLEAR	
22	0.0282					450								7.49	10.1			CLEAR	
23	0.0282					900								7.44	10.2			CLEAR	
24	0.0267					1350	315							7.06	9.6			CLEAR	
25	0.0245					600								7.60	10.1			RAIN	
26	0.0727													7.40	8.1			CLEAR	
27	0.0394					900								7.36	8.2			CLOUDY	
28	0.0328													7.41	8.1			CLEAR	
29	0.0290													7.17	8.5			CLEAR	
30	0.0418	115	40.1	156	54.4	900		< 3	< 1	6.0	2.1			7.29	9.6	100		CLEAR	
31																			
Avg	0.0263	408	78.1	1128	201.5	933	433	< 6	< 1.3	12	2.5			7.45	9.2	105			

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were received during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	18 04 01	TO	18 04 30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
5/23/2018

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Sun, May 27, 2018 at 12:04 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 04/01/2018-04/30/2018  
**Report Due Date:** 05/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 100130  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

June 27, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed May 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style with a long horizontal line extending to the right.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
**PERMIT NUMBER**

001  
**DISCHARGE NUMBER**

Reporting Frequency: Monthly  
 DMR Effective From: December 1, 2012  
 DMR Effective To: November 30, 2017  
 Permit Expires: November 30, 2017  
 Permit Application Due: June 3, 2017  
 Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	05	01		18	05	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0258	0.0698	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.07	XXX	7.70	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	7.5	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.8	0.8	lbs/d	XXX	6	9	mg/l	0	2/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	27.0	30.1	XXX	XXX	173	XXX	#/100 ml	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	0.5	0.70	lbs/d	XXX	3	3	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	38.8	50.6	XXX	XXX	229	XXX	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 other 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.							TELEPHONE	DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024	2018	06	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	05	01		18	05	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X			
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	63	100	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X			
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE	DATE			
Frederick P. Walton, Operations Manager								484-643-0024	2018	06	23	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH May 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent										Weather
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals	TRC	
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l	
1	0.0289	125	30.1	210	50.6	900	330	3	0.7	3	0.7			7.70	9.6	40		CLEAR
2	0.0326													7.36	9.1			CLEAR
3	0.0203					900								7.16	9.1			CLEAR
4	0.0256					450								7.38	10.3			CLOUDY
5	0.0184													7.33	9.8			CLOUDY
6	0.0237													7.35	9.9			CLOUDY
7	0.0270					450								7.18	8.0			CLEAR
8	0.0089					1350	355							7.65	8.9			CLEAR
9	0.0182					900								7.61	8.7			CLOUDY
10	0.0135					1200								7.56	8.4			CLOUDY
11	0.0143					1200	310							7.40	8.4			CLEAR
12	0.0149													7.44	8.5			CLOUDY
13	0.0215													7.43	8.6			RAIN
14	0.0253					900								7.18	7.7			CLEAR
15	0.0144					1200								7.33	7.8			CLEAR
16	0.0130	220	23.9	248	26.9	1800	300	9	1.0	2	0.2			7.25	7.8	100		RAIN
17	0.0185					1200								7.65	8.4			RAIN
18	0.0280					900								7.68	8.5			CLOUDY
19	0.0341													7.21	8.8			CLOUDY
20	0.0325													7.44	9.2			CLOUDY
21	0.0698													7.33	8.9			CLEAR
22	0.0384					900	285							7.36	10.0			RAIN
23	0.0362													7.23	8.3			CLEAR
24	0.0445					900								7.22	9.8			CLEAR
25	0.0262													7.27	10.5			CLEAR
26	0.0325													7.21	9.2			CLEAR
27	0.0266													7.15	9.5			CLOUDY
28	0.0267					900								7.07	9.3			CLOUDY
29	0.0228					900	250							7.47	7.6			CLOUDY
30	0.0200					900								7.35	7.5			CLOUDY
31	0.0234													7.32	10.5			CLOUDY
Avg	0.0258	173	27.0	229	38.8	992	305	6	0.8	3	0.5			7.36	8.9	63		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name:	Felton Borough
Address:	88 Main Street
	Felton, PA 17322

PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	18 05 01	TO	18 05 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
 Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
 6/23/2018

Signature of Principal Executive Officer  
 of Authorized Agent  
*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

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**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

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depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Thu, Jun 28, 2018 at 10:15 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 05/01/2018-05/31/2018  
**Report Due Date:** 06/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 104002  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

July 23, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed June 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads 'Fred Walton'. The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	06	01		18	06	30

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0222	0.0381	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.98	XXX	7.73	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	5.3	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	< 1.7	2.4	lbs/d	XXX	< 8.4	14	mg/l	0	2/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	92.2	95.4	XXX	XXX	419	XXX	#/100 ml	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	<1.1	4.90	lbs/d	XXX	< 4.5	< 5.0	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	84.1	130.3	XXX	XXX	316	XXX	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.							TELEPHONE		DATE	
Frederick P. Walton, Operations Manager									484-643-0024		2018	07
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-I

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	06	01		18	06	30

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	< 37	140	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024		2018	07	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH June 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent									Weather	
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0149					1800								7.33	8.7			CLOUDY
2	0.0236													7.35	8.8			CLOUDY
3	0.0314													7.25	8.1			RAIN
4	0.0274					900								7.33	7.6			CLOUDY
5	0.0218					1050	230							7.37	8.9			CLEAR
6	0.0381	280	89.0	410.0	130.3			<3	<1.0	4.0	1.3			7.47	8.3	<10		CLOUDY
7	0.0354					900								7.35	8.4			CLOUDY
8	0.0264					900								7.70	8.3			CLOUDY
9	0.0227													7.65	8.4			CLEAR
10	0.0325													7.61	8.5			CLOUDY
11	0.0267													7.53	7.3			CLOUDY
12	0.0197					900	240							7.54	8.2			CLEAR
13	0.0303					900								7.16	5.3			CLOUDY
14	0.0182													7.47	7.2			CLEAR
15	0.0154					900								7.47	8.3			CLEAR
16	0.0039													7.44	8.1			CLEAR
17	0.0217													7.41	8.0			CLOUDY
18	0.0234													7.23	6.4			CLEAR
19	0.0139					900	255							7.35	7.4			CLEAR
20	0.0256													7.45	7.7			CLOUDY
21	0.0243					900								6.98	7.5			CLEAR
22	0.0134													7.41	7.6			RAIN
23	0.0243													7.31	7.5			CLOUDY
24	0.0260													7.55	7.7			CLEAR
25	0.0262					900								7.44	8.7			CLEAR
26	0.0205	558	95.4	222.0	38.0	900	260	14	2.4	<5	<0.9			7.62	8.7	140		CLEAR
27	0.0180					450								7.66	9.4			CLOUDY
28	0.0106													7.33	8.4			CLOUDY
29	0.0146													7.73	6.2			CLEAR
30	0.0165													7.61	7.5			CLEAR
31																		
Avg	0.0222	419	92.2	316	84.1	946	246	<8.4	<1.7	<5	<1.1			7.44	7.9	<37		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recycled during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>Felton Borough</u>			
Address: <u>88 Main Street</u>			
<u>Felton, PA 17322</u>			
PERMIT NUMBER	MONITORING PERIOD Year/Month/Day		
PA 0088579	18 06 01 TO 18 06 30		
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SMS210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
7/23/2018

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Fri, Jul 27, 2018 at 11:20 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 06/01/2018-06/30/2018  
**Report Due Date:** 07/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 108424  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

August 25, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed July 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS  
NAME: FELTON BOROUGH  
ADDRESS: 88 Main Street  
Felton, PA 17322-9051  
FACILITY: Felton Borough STP  
LOCATION: Felton Borough  
York County  
WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017  
Permit Application Due: June 3, 2017  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	07	01		18	07	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0237	0.0704	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.88	XXX	7.93	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	5.6	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.5	0.5	lbs/d	XXX	4	4	mg/l	0	2/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	83 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	24.5	24.9	XXX	XXX	163	XXX	#/100 ml	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	0.5	4.90	lbs/d	XXX	4	4	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	43.6	43.8	XXX	XXX	292	XXX	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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.</small>								TELEPHONE	DATE		
Frederick P. Walton, Operations Manager									484-643-0024	2018	08	23
TYPED OR PRINTED	MEASURES OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	07	01		18	07	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	< 58	338	CFU/ 100 ml	X	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab		
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	0	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.								TELEPHONE		DATE		
Frederick P. Walton, Operations Manager									484-643-0024		2018	08	23
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH July 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent								Weather		
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l
1	0.0222													7.60	7.7			CLEAR
2	0.0213													7.36	5.6			CLEAR
3	0.0170					1200	265							7.60	7.1			CLEAR
4	0.0181													7.42	7.7			CLEAR
5	0.0198					1200								7.38	7.4			CLOUDY
6	0.0181	165.0	24.9	290.0	43.8			4.0	0.6	4.0	0.6			7.55	8.4	<10		CLOUDY
7	0.0186													7.61	9.7			CLEAR
8	0.0089													7.72	8.7			CLEAR
9	0.0217													7.65	8.7			CLEAR
10	0.0167					900								7.93	7.7			CLEAR
11	0.0197					900	250							7.65	8.0			CLEAR
12	0.0153													7.83	8.1			CLEAR
13	0.0196													7.72	8.6			CLEAR
14	0.0215													7.89	7.4			CLEAR
15	0.0121					1500								7.71	8.1			CLEAR
16	0.0281													6.88	8.7			CLEAR
17	0.0167					900	285							7.62	7.6			CLEAR
18	0.0227					1050								7.80	7.8			CLEAR
19	0.0177	163.0	24.1	294.0	43.4	300		3.0	0.4	3.0	0.4			7.86	8.1	338		CLEAR
20	0.0168													7.82	7.2			CLEAR
21	0.0195													7.85	8.0			CLEAR
22	0.0313													7.55	7.1			RAIN
23	0.0210													7.38	8.2			CLOUDY
24	0.0163													7.61	7.6			CLOUDY
25	0.0704													7.55	7.8			RAIN
26	0.0394													7.51	8.1			CLOUDY
27	0.0395													7.48	7.9			CLEAR
28	0.0458													7.39	8.6			CLOUDY
29	0.0168													7.33	8.5			CLEAR
30	0.0287													7.44	8.3			CLEAR
31	0.0324					900	265							7.49	8.6			CLEAR
Avg	0.0237	164	24.5	292	43.6	983	266	4	0.5	4	0.5			7.59	8.0	< 58		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recycled during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. ...*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b>		
	Year/Month/Day		
PA 0088579	18 07 01	TO	18 07 31
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
8/23/2018

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Tue, Aug 28, 2018 at 6:08 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 07/01/2018-07/31/2018  
**Report Due Date:** 08/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 112177  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

September 27, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed August 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There was one excursion this month for instantaneous maximum fecal coliform of 1150 CFU/100mL with a permitted limit of 1000.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style with a long horizontal line extending to the right.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579
<b>PERMIT NUMBER</b>

001
<b>DISCHARGE NUMBER</b>

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017  
Permit Application Due: June 3, 2017  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	08	01		18	08	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0296	0.0518	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		XXX	X	Continuous
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.81	XXX	8.24	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		XXX	X	1/day
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	6.2	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		XXX	X	1/day
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	1.1	1.5	lbs/d	XXX	5	5	mg/l	0	2/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		XXX	X	2/MONTH
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	29.2	35.6	XXX	XXX	133	XXX	#/100 ml	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		XXX	X	2/MONTH
Total Suspended Solids	SAMPLE MEASUREMENT	2.3	3.56	lbs/d	XXX	9	12	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		XXX	X	2/MONTH
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	46.3	55.8	XXX	XXX	211	XXX	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		XXX	X	2/MONTH
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.					TELEPHONE		DATE		
Frederick P. Walton, Operations Manager									484-643-0024	2018	09
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-I

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	08	01		18	08	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	152	1150	CFU/ 100 ml	1	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.								TELEPHONE		DATE	
Frederick P. Walton, Operations Manager									484-643-0024		2018	09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH August 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent										Weather
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals	TRC	
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l	
1	0.0188	145	22.7	234	36.7			5	0.8	6	0.9			7.57	7.8	1150		CLOUDY
2	0.0249													7.73	8.4			CLEAR
3	0.0228					1800	285							7.56	8.0			CLOUDY
4	0.0518													7.41	7.3			CLEAR
5	0.0419													7.38	7.5			CLEAR
6	0.0401													7.36	8.4			CLEAR
7	0.0176						300							7.76	7.9			CLOUDY
8	0.0386					750								7.94	11.0			CLEAR
9	0.0175					900								7.88	10.5			CLEAR
10	0.0328					900								7.79	8.8			CLOUDY
11	0.0151													7.75	8.9			CLOUDY
12	0.0235													7.71	9.1			CLOUDY
13	0.0338					900								7.43	8.8			CLEAR
14	0.0356	120	35.6	188	55.8		250	5	1.5	12	3.6			7.85	7.8	20		CLOUDY
15	0.0393													7.62	9.4			CLEAR
16	0.0202													7.84	8.9			CLOUDY
17	0.0264					1800								7.69	8.1			CLOUDY
18	0.0215													7.71	8.0			CLOUDY
19	0.0268													7.65	8.8			RAIN
20	0.0290					1200								7.54	8.9			CLEAR
21	0.0295						255							7.51	9.1			CLOUDY
22	0.0286													7.20	7.9			CLEAR
23	0.0349					1200								7.44	8.7			CLEAR
24	0.0363													7.84	10.2			CLEAR
25	0.0176													7.75	9.1			CLEAR
26	0.0339													7.81	9.5			CLEAR
27	0.0456					900								7.12	6.2			CLEAR
28	0.0213													6.81	6.8			CLEAR
29	0.0366					900								7.70	9.5			CLEAR
30	0.0225													7.72	9.2			CLEAR
31	0.0332					1350	225							8.24	9.6			CLOUDY
Avg	0.0296	133	29.2	211	46.3	1145	263	5	1.1	9	2.3			7.62	8.6	152		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. Brown*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> Year/Month/Day		
PA 0088579	18 08 01	TO	18 08 31
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
9/23/2018

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH August 2018

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
3,000	0.9170	X 0.0000417	0.115			X 0.01
3,000	0.8175	X 0.0000417	0.102			X 0.01
3,000	0.5845	X 0.0000417	0.073			X 0.01
3,000	0.7260	X 0.0000417	0.091			X 0.01
3,000	0.8405	X 0.0000417	0.105			X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01

Totals = 0.486

Total = \_\_\_\_\_

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.486			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Wroblewski*

Signature

(484)643-0024

Telephone

Manager, Operations

Title

9/27/2018

Date

Non-Compliance Discharge Report - NPDES Permit PA 0088579

Felton Borough  
Felton Borough, York County

Watershed: 7-1

For the MONTH August 2018

1. A non-compliance discharge of instantaneous maximum fecal coliform of 1150 CFU with a permitted limit of 1000 CFU  
occurred on this (these) dates: August 1

2. The impact on the receiving water was (circle those that apply): 1. Foam 2. Sheen 3. Discoloration 4. Odors 5. Solids deposited 6. Fishkill

**7. Did not determine** 8. Other (describe)

3. The cause of the non-compliance discharge was: bacteria persisting in reaeration tank after UV disinfection and excess scum build-up  
in clarifiers has been problematic.

4. The non-compliance discharge continued from the period of (date) \_\_\_\_\_ and (time) \_\_\_\_\_  
to (date) \_\_\_\_\_ and (time) \_\_\_\_\_ or will continue until (date) \_\_\_\_\_  
and (time) \_\_\_\_\_

5. The following action is being taken to prevent a recurrence or another non-compliance discharge of this nature: Cleaned UV bulbs and final effluent tank. Tank was pumped out and disinfected. Returned to compliance on 8/14 with 20 cfu/100ml  
average monthly was in compliance

6. The following analysis was made to determine the impact and extent of the impact upon the receiving waters (effluent, stream, other):  
Did not determine

7. The Department of Environmental Protection was notified of this non-compliance on (date) 9/28/2018 at (time) \_\_\_\_\_  
The person(s) contacted was (were): \_\_\_\_\_

Signature *Frederick P. Wilton* Title Contract Operator Date 9/28/2018



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Fri, Sep 28, 2018 at 10:21 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 08/01/2018-08/31/2018  
**Report Due Date:** 09/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 116021  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for [View/Revise Submitted](#).



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

October 25, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

**RE: Monthly Report for Felton Borough Wastewater Treatment Plant**

Dear Mr. Dodge,

Enclosed please find a copy of the completed September 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-I

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	09	01		18	09	30

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	SAMPLE MEASUREMENT	0.0656	0.3264	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured		
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured		
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.94	XXX	8.80	S.U.	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab		
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	7.0	XXX	XXX	mg/l	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab		
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	<1.2	<1.2	lbs/d	XXX	<3.5	4	mg/l	0	2/MONTH	8-Hr Composite		
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite		
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	28.7	34.2	XXX	XXX	88	XXX	#/100 ml	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
Total Suspended Solids	SAMPLE MEASUREMENT	0.4	4.90	lbs/d	XXX	2	2	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite		
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	68.0	80.4	XXX	XXX	207	XXX	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 ensure 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.								TELEPHONE	DATE			
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>								484-643-0024	2018	10	26	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: December 1, 2012

DMR Effective To: November 30, 2017

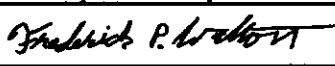
Permit Expires: November 30, 2017

Permit Application Due: June 3, 2017

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	09	01		18	09	30

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	49	60	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	O	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE	DATE		
Frederick P. Walton, Operations Manager								484-643-0024	2018	10	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH September 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Flow (MGD)	Influent				Process Control		Effluent										Weather
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals	TRC	
								mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l	
1	0.0523													8.05	9.1			CLOUDY
2	0.0469													7.91	9.3			CLOUDY
3	0.0445													7.88	9.0			CLOUDY
4	0.0468					900	270							7.65	7.9			CLEAR
5	0.0315													7.61	8.8			CLEAR
6	0.0398													7.66	8.5			CLEAR
7	0.0357	115	34.2	270	80.4	900		4	1.2	1	0.3			7.36	8.0	40		CLOUDY
8	0.0089													7.51	8.3			RAIN
9	0.0289													7.65	8.1			RAIN
10	0.3264					450								7.81	7.6			CLOUDY
11	0.0955					900								7.73	8.1			CLOUDY
12	0.1298					1200	255							8.80	7.0			CLOUDY
13	0.0873					600								7.58	8.5			RAIN
14	0.0384																	
15	0.0384					900								7.61	8.1			CLOUDY
16	0.0947													7.55	8.0			CLEAR
17	0.0604													7.51	7.5			CLOUDY
18	0.0846					1050	265							7.33	9.0			CLOUDY
19	0.0463	60.0	23.2	144	55.6			<3.0	<1.2	2	0.6			6.94	7.8	60		CLEAR
20	0.0526													7.11	8.1			CLOUDY
21	0.0461													7.15	8.4			CLOUDY
22	0.0598													7.28	8.3			CLOUDY
23	0.0380													7.31	8.8			CLOUDY
24	0.0281													7.25	8.8			CLOUDY
25	0.0552					1500	275							7.70	8.6			RAIN
26	0.0439													7.69	8.8			CLOUDY
27	0.0353													7.65	8.7			CLOUDY
28	0.0617													7.66	8.1			CLOUDY
29	0.1146													7.25	8.3			CLOUDY
30	0.0967													7.21	8.5			CLOUDY
31																		
Avg	0.0656	88	28.7	207	68.0	933	266	<3.5	<1.2	2	0.4			7.57	8.3	49		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. Wilk*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> Year/Month/Day		
PA 0088579	18 09 01	TO	18 09 30
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
10/27/2018

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH September 2018

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
NONE		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01

Totals = 0.000

Total =

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	NONE			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Brakton*

Signature  
(484)643-0024

Telephone

Manager, Operations

Title  
10/26/2018

Date

Non-Compliance Discharge Report - NPDES Permit PA 0088579

Felton Borough  
Felton Borough, York County

Watershed: 7-1

For the MONTH September 2018

1. A non-compliance discharge of  
missed day of operations on 9/14/18, failure to monitor dissolved oxygen and pH

2. The impact on the receiving water was (circle those that apply): 1. Foam 2. Sheen 3. Discoloration 4. Odors 5. Solids deposited 6. Fishkill  
**7. Did not determine** 8. Other (describe)

3. The cause of the non-compliance discharge was: miscommunication between operators

4. The non-compliance discharge continued from the period of (date) 9/14/18 and (time) \_\_\_\_\_  
to (date) \_\_\_\_\_ and (time) \_\_\_\_\_ or will continue until (date) \_\_\_\_\_  
and (time) \_\_\_\_\_

5. The following action is being taken to prevent a recurrence or another non-compliance discharge of this nature:  
each day a schedule is put out to all operators for all facilities. A group text message is set up for last minute or emergency schedule changes

6. The following analysis was made to determine the impact and extent of the impact upon the receiving waters (effluent, stream, other):  
N/A

7. The Department of Environmental Protection was notified of this non-compliance on (date) 10/28/18 by DMR at (time) \_\_\_\_\_  
The person(s) contacted was (were): \_\_\_\_\_

Signature *Frederick P. Wolkoff* Title Contract Operator Date 10/28/2016



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Fri, Oct 26, 2018 at 10:16 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 09/01/2018-09/30/2018  
**Report Due Date:** 10/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 120109  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



Fred Walton <fredpwalton@gmail.com>

---

**Your Revised eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>

Fri, Oct 26, 2018 at 10:23 PM

To: fredpwalton@gmail.com

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 09/01/2018-09/30/2018  
**Report Due Date:** 10/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 120110  
**Submission Status:** Received  
**Submission Type:** Revision

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

November 28, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed October 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month; however, we missed sampling for the new parameters: NH<sub>3</sub>, P, TKN & NO<sub>3</sub>/NO<sub>2</sub> for TN required by the new permit. We apologize for this oversight. Samples are being taken for November.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: December 1, 2012  
DMR Effective To: November 30, 2017  
Permit Expires: November 30, 2017  
Permit Application Due: June 3, 2017

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	10	01		18	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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0373	0.0799	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.70	XXX	8.01	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	7.2	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	1.7	1.7	lbs/d	XXX	7	7	mg/l	0	2/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	57.1	62.0	XXX	XXX	222	XXX	#/100 ml	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	2.5	4.9	lbs/d	XXX	10	10	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	103.2	112.2	XXX	XXX	400	XXX	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				TELEPHONE		DATE				
Frederick P. Walton, Operations Manager					484-643-0024		2018	11	27		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	11	30	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE	DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024	2018	11	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH October 2018

Renewal application DUE DATE is June 3, 2017

This permit will EXPIRE on November 30, 2017

Day	Influent					Process Control		Effluent								Weather		
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l
1	0.0753													7.33	8.1			CLEAR
2	0.0799						500							7.35	9.0			CLOUDY
3	0.0502					1350	250							7.51	8.3			CLEAR
4	0.0583					900	400							7.44	7.2			CLEAR
5	0.0417						240							7.70	9.1			CLOUDY
6	0.0397													7.65	8.5			CLOUDY
7	0.0230													7.68	8.1			CLOUDY
8	0.0089					1500								6.94	10.0			CLOUDY
9	0.0269	233.0	52.3	420	94.2		270	6	1.3	9	2.0			7.51	9.0	30		CLOUDY
10	0.0357					900	270							7.99	8.9			CLOUDY
11	0.0346													7.85	8.3			CLOUDY
12	0.0392						270							7.90	8.1			CLOUDY
13	0.0296													7.93	8.5			RAIN
14	0.0370													7.88	8.7			CLOUDY
15	0.0503					900	295							6.70	9.7			CLOUDY
16	0.0361					900								7.52	10.4			CLOUDY
17	0.0251													8.01	9.5			CLEAR
18	0.0321					900								7.51	12.0			CLEAR
19	0.0339						280							7.94	9.4			CLEAR
20	0.0385													7.41	9.7			CLEAR
21	0.0343													7.11	9.4			CLEAR
22	0.0236													7.28	9.5			CLOUDY
23	0.0331					900	280							7.26	10.1			CLEAR
24	0.0330													7.29	9.8			CLEAR
25	0.0425													7.55	9.7			CLEAR
26	0.0382						295							7.37	10.7			CLOUDY
27	0.0207													7.33	8.4			RAIN
28	0.0181													7.77	8.6			RAIN
29	0.0351													7.68	8.9			CLOUDY
30	0.0354	210.0	62.0	380	112.2	900	285	7	2.1	10	3.0			7.19	7.8	4		CLEAR
31	0.0473					900								7.61	9.1			CLEAR
Avg	0.0373	222	57.1	400	103.2	1005	303	7	1.7	10	2.5			7.52	9.1	11		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recycled during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>Felton Borough</u>			
Address: <u>88 Main Street</u> <u>Felton, PA 17322</u>			
PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	18 10 01	TO	18 10 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
11/27/2018

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH October 2018

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production information (prior to incineration)

Hauled as liquid sludge				Hauled as dewatered sludge			
Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	
		X 0.0000417	0.000			X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000418				X 0.01	
		X 0.0000419				X 0.01	
		X 0.0000420				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
Totals =			0.000	Total =			

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	NONE			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Walcott*  
 \_\_\_\_\_  
 Signature  
 (484)643-0024  
 \_\_\_\_\_  
 Telephone

Manager, Operations  
 \_\_\_\_\_  
 Title  
 11/27/2018  
 \_\_\_\_\_  
 Date



Fred Walton <fredpwalton@gmail.com>

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**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

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depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Wed, Nov 28, 2018 at 10:19 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 10/01/2018-10/31/2018  
**Report Due Date:** 11/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 124062  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

December 28, 2018

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed November 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in cursive script that reads "Fred Walton".

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS  
NAME: FELTON BOROUGH  
ADDRESS: 88 Main Street  
Felton, PA 17322-9051  
FACILITY: Felton Borough STP  
LOCATION: Felton Borough  
York County  
WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	11	01		18	11	30

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0687	0.1288	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.71	XXX	8.15	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	8.1	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	<2.0	<2.0	lbs/d	XXX	<3.0	3	mg/l	0	2/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	49.0	60.0	XXX	XXX	84	XXX	#/100 ml	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	1.7	4.90	lbs/d	XXX	3	4	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	41.7	43.4	XXX	XXX	81	XXX	mg/l	0	2/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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.						TELEPHONE		DATE	
Frederick P. Walton, Operations Manager								484-643-0024		2018	12
TYPED OR PRINTED					AREA CODE NUMBER		YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<7	25	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document 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.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager								484-643-0024		2018	12	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH **November 2018**

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Flow (MGD)	Influent				Process Control		Effluent								Weather		
		BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC
		mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l
1	0.0210					450								7.93	8.6			CLEAR
2	0.0235					450								7.83	8.9			CLOUDY
3	0.0462					0								7.88	8.8			CLOUDY
4	0.0194					0								7.81	8.5			CLEAR
5	0.0426					0								7.75	8.1			RAIN
6	0.0443					900								6.71	9.3			RAIN
7	0.0544					900	275							8.02	8.9			CLEAR
8	0.0708					0								7.62	10.4			CLEAR
9	0.0403					900								7.73	10.6			RAIN
10	0.0458					0								7.77	9.8			CLEAR
11	0.0700					0								7.47	9.5			CLEAR
12	0.0827					0								7.38	10.1			CLOUDY
13	0.0434	105	38.0	120	43.4	900	250	3	1.1	4	1.4			6.94	10.4	25		RAIN
14	0.0654					0								8.15	10.0			CLOUDY
15	0.0582					900								7.55	10.6			CLOUDY
16	0.0728					0								7.69	9.6			CLOUDY
17	0.0840					0								7.71	9.9			CLOUDY
18	0.1057					0								7.61	9.5			CLEAR
19	0.1288					0	250							7.68	9.9			CLEAR
20	0.0964					0								7.06	10.4			CLOUDY
21	0.0608					0	225							8.00	9.5			CLEAR
22	0.0639					0								7.71	9.8			CLEAR
23	0.0704					0	225							7.84	10.9			CLEAR
24	0.0644					900								7.09	11.2			CLOUDY
25	0.1026					0								7.60	9.8			CLEAR
26	0.1179					0								7.48	9.9			CLOUDY
27	0.1142	63	60.0	42	40.0	900		<3	<2.9	2	1.9			6.86	9.9	<2		CLEAR
28	0.1010					0	215							8.14	10.4			CLOUDY
29	0.0799					0						1.7	<0.10	7.36	11.1			CLOUDY
30	0.0703											1.8	<0.10	7.36	10.9			CLOUDY
31																		
Avg	0.0687	84	49.0	81	41.7	248	240	<3.0	<2.0	3	1.7	1.8	<0.10	7.59	9.8	<7		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

- Check here if no biosolids were removed during the month.
- Check here if no biosolids were received during the month.
- Check here if there were no noncompliances during the month.

Signature: *Frederick P. W. [Signature]*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1  
 Felton Borough, York County

For the MONTH November 2018

NPDES Permit PA 0088579 Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0210										
2	0.0235										
3	0.0462										
4	0.0194										
5	0.0426										
6	0.0443										
7	0.0544										
8	0.0708										
9	0.0403										
10	0.0458										
11	0.0700										
12	0.0827										
13	0.0434										
14	0.0654										
15	0.0582										
16	0.0728										
17	0.0840										
18	0.1057										
19	0.1288										
20	0.0964										
21	0.0608										
22	0.0639										
23	0.0704										
24	0.0644										
25	0.1026										
26	0.1179										
27	0.1142										
28	0.1010										
29	0.0799	1.7	1.1	< 0.10	< 0.07	< 0.50	< 0.33	< 15.40	< 10.26	< 15.90	< 10.60
30	0.0703	1.8	1.1	< 0.10	< 0.06	< 0.50	< 0.29	< 15.40	< 9.03	< 15.90	< 9.32
31											
Avg	0.0687	1.8	1.1	< 0.10	< 0.06	< 0.50	< 0.31	< 15.40	< 9.65	< 15.90	< 9.96
* Total lbs/mo		XXX	32.82	XXX	< 1.88	XXX	< 9.40	XXX	< 289.37	XXX	< 298.76

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. Wright*

12/27/2018



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> <small>Year/Month/Day</small>		
PA 0088579	18   11   01	TO	18   11   30
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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**  
Frederick P. Walton, Operations Manager

**Phone: (484) 643-0024**  
12/27/2018

Signature of Principal Executive Officer  
of Authorized Agent

A handwritten signature in black ink that reads "Frederick P. Walton".

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH November 2018

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
NONE		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01

Totals = 0.000

Total = \_\_\_\_\_

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	NONE			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Wright*

Signature

(484)643-0024

Telephone

Manager, Operations

Title

12/26/2018

Date



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Fri, Dec 28, 2018 at 1:52 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 11/01/2018-11/30/2018  
**Report Due Date:** 12/28/2018

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 128055  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

January 31, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed December 2018 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were excursions this month for missed samples. Our regular operator was out sick with pneumonia for an extended time and the back up operator missed collecting some required samples due to a miscommunication. We apologize for this error and have taken steps to prevent a reoccurrence.

Kappe company serviced the UV system, replaced bulbs and sleeves, replaced the UV sensor, and sensor cable.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	12	01		18	12	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0630	0.1517	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.89	XXX	8.20	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	6.2	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.5	0.5	lbs/d	XXX	3	3	mg/l	1	1/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	88.3	88.3	XXX	XXX	560	XXX	#/100 ml	1	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	0.6	4.90	lbs/d	XXX	4	4	mg/l	1	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	31.8	31.8	XXX	XXX	202	XXX	mg/l	1	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 submit 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER (ALTERNATED SIGN)				TELEPHONE		DATE	
Frederick P. Walton, Operations Manager					484-643-0024		2019	1	28			
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
18	12	01		18	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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	169	230	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
Total Phosphorus	SAMPLE MEASUREMENT	0.86		lbs/day	XXX	2.68	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Ammonia - N	SAMPLE MEASUREMENT	0.11		lbs/day	XXX	0.56	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Kjeldahl N	SAMPLE MEASUREMENT	<0.17	XXX	lbs/day	XXX	<0.43	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	<7.10	XXX	lbs/day	XXX	<19.69	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Total Nitrogen	SAMPLE MEASUREMENT	<7.27		lbs/day	XXX	<20.12	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 ensure that qualified personnel properly gather and evaluate the information submitted based on my best knowledge 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 providing violations.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>							484-643-0024		2019	1	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH November 2018

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Flow (MGD)	Influent				Process Control		Effluent										Weather
		BOD <sub>5</sub> mg/l	BOD <sub>5</sub> lbs/ day	TSS mg/l	TSS lbs/ day	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals	TRC	
		mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l	
1	0.0674					0								7.28	10.8			CLOUDY
2	0.0648					0								7.19	10.3			CLOUDY
3	0.0722					0	205							7.82	8.7			CLOUDY
4	0.0588					900								6.91	6.8			CLOUDY
5	0.0389					0								7.77	8.9			CLOUDY
6	0.0437					0								7.68	8.3			CLEAR
7	0.0291					0								7.64	8.1			CLEAR
8	0.0488					0								7.39	8.7			CLOUDY
9	0.0183					0								7.18	10.2			CLOUDY
10	0.0522					0	195							7.62	10.6			CLEAR
11	0.0189	560	88.3	202	31.8	900		3	0.5	4.0	0.6	4.70	1.00	6.89	10.2	230		CLEAR
12	0.0422					0								7.77	10.1			CLEAR
13	0.0377					900								7.19	7.2			CLOUDY
14	0.0215													7.80	10.6			CLOUDY
15	0.0315					0								7.70	9.5			RAIN
16	0.0469					0								7.61	10.1			RAIN
17	0.0771					0								7.65	9.9			CLOUDY
18	0.0710					0	245							7.47	8.7			CLEAR
19	0.0436					0								7.40	8.7			CLEAR
20	0.0329					0								7.44	8.3			CLOUDY
21	0.0857					300	200							7.31	7.3			RAIN
22	0.1517					0								7.21	6.8			CLOUDY
23	0.1296					0								7.45	6.7			CLOUDY
24	0.0970					0	270							7.29	6.2			RAIN
25	0.0955					0								7.24	6.8			CLEAR
26	0.1020					0	250							7.40	7.7			CLOUDY
27	0.0591					0						1.90	0.12	7.99	8.4	108		CLEAR
28	0.0616					0								8.20	9.7			RAIN
29	0.0977					0								8.09	9.1			CLEAR
30	0.0784					0								7.91	9.8			CLOUDY
31	0.0762					0	330					1.44		7.98	9.5			CLOUDY
Avg	0.0630	560	88.3	202	31.8	100	242	3	0.5	4	0.6	2.7	0.6	7.53	8.8	169		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. Wolkoff*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH November 2018

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0674										
2	0.0648										
3	0.0722										
4	0.0588										
5	0.0389										
6	0.0437										
7	0.0291										
8	0.0488										
9	0.0183										
10	0.0522										
11	0.0189	4.70	0.74	1.00	0.16	<0.50	<0.08	<29.40	<4.63	<29.90	<4.71
12	0.0422										
13	0.0377										
14	0.0215										
15	0.0315										
16	0.0469										
17	0.0771										
18	0.0710										
19	0.0436										
20	0.0329										
21	0.0857										
22	0.1517										
23	0.1296										
24	0.0970										
25	0.0955										
26	0.1020										
27	0.0591	1.90	0.94	0.12	0.06	<0.50	<0.25	<15.40	<7.59	<15.90	<7.84
28	0.0616										
29	0.0977										
30	0.0784										
31	0.0762	1.44	0.92			0.28	0.18	14.275	9.07	14.56	9.25
Avg	0.0630	2.7	0.86	0.56	0.11	<0.43	<0.17	<19.69	<7.10	<20.12	<7.27
* Total lbs/mo		XXX	26.79	XXX	3.36	XXX	<5.20	XXX	<220.07	XXX	<225.27

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. [Signature]*

1/28/2019

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH December 2018

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
3,000	0.5475	X 0.0000417	0.068			X 0.01
3,000	0.8590	X 0.0000417	0.107			X 0.01
3,000	0.2935	X 0.0000417	0.037			X 0.01
3,000	0.6015	X 0.0000417	0.075			X 0.01
3,000	0.3945	X 0.0000417	0.049			X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01

Totals = 0.337

Total = \_\_\_\_\_

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.337			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Brakton*

Signature

(484)643-0024

Telephone

Manager, Operations

Title

1/28/2019

Date



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

### SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:		Felton Borough	
Address:		88 Main Street	
		Felton, PA 17322	
PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	18 12 01	TO	18 12 31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
12/28/2018

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Non-Compliance Discharge Report - NPDES Permit PA 0088579

Felton Borough  
Felton Borough, York County

Watershed: 7-I

For the MONTH December 2018

1. A non-compliance discharge of \_\_\_\_\_  
did not collect required number of samples for Influent and Effluent TSS and CBOD  
2 samples per month are required but we only took 1 sample

2. The impact on the receiving water was (circle those that apply): 1. Foam 2. Sheen 3. Discoloration 4. Odors 5. Solids deposited 6. Fishkill  
7. Did not determine 7. Other (describe)

3. The cause of the non-compliance discharge was: miscommunication between operators.  
The primary operator was out sick with pnumonia for an extended time. The back up operator collected the wrong samples

4. The non-compliance discharge continued from the period of (date) December and (time) \_\_\_\_\_  
to (date) \_\_\_\_\_ and (time) \_\_\_\_\_ or will continue until (date) \_\_\_\_\_  
and (time) \_\_\_\_\_

5. The following action is being taken to prevent a recurrence or another non-compliance discharge of this nature: \_\_\_\_\_  
The permit requirements are posted on site. Instructions for operators are encouraged to be written not oral

6. The following analysis was made to determine the impact and extent of the impact upon the receiving waters (effluent, stream, other):  
N/A

7. The Department of Environmental Protection was notified of this non-compliance on (date) 1/28/2019 at (time) \_\_\_\_\_  
The person(s) contacted was (were): \_\_\_\_\_

Signature  Title \_\_\_\_\_ Contract Operator \_\_\_\_\_ Date 1/28/2019



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>

Mon, Jan 28, 2019 at 10:12 PM

To: fredpwalton@gmail.com

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 12/01/2018-12/31/2018  
**Report Due Date:** 01/28/2019

**Submitted By:** Cynthia Walton-Bongers

**Submission Id:** 134315

**Submission Status:** Received

**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for [View/Revise Submitted](#).



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

February 28, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed January 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were excursions this month for missed samples. We apologize for this error and have taken steps to prevent a recurrence.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	01	01		19	01	31

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0566	0.0970	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.72	XXX	8.21	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	9.0	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	<2.0	<2.0	lbs/d	XXX	<5.0	7	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	24-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	83.8	85.4	XXX	XXX	201	XXX	#/100 ml	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	3.0	4.90	lbs/d	XXX	6.6	7	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	73.7	90.5	XXX	XXX	190	XXX	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 persons 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.							TELEPHONE		DATE	
Frederick P. Walton, Operations Manager									484-643-0024		2019	2
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	01	01		19	01	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		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab		
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<20	420	CFU/ 100 ml	0	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab		
Total Phosphorus	SAMPLE MEASUREMENT	1.98		lbs/day	XXX	5.28	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Ammonia - N	SAMPLE MEASUREMENT	XXX		lbs/day	XXX	XXX	XXX	mg/l	2	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Kjeldahl N	SAMPLE MEASUREMENT	<0.20	XXX	lbs/day	XXX	<0.46	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	<12.54	XXX	lbs/day	XXX	<31.43	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Total Nitrogen	SAMPLE MEASUREMENT	<12.75		lbs/day	XXX	<31.89	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 ensure that qualified personnel properly gather and evaluate the information submitted hereon in my capacity as 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.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
Frederick P. Walton, Operations Manager					<i>Frederick P. Walton</i>				484-643-0024		2019 2 28		
TYPED OR PRINTED									AREA CODE NUMBER		YEAR MO DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH January 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent						Process Control		Effluent								Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0864					0								7.24	11.7			CLOUDY
2	0.0875					0	375							7.91	10.7			CLOUDY
3	0.0845					1800	340							7.09	9.0			CLOUDY
4	0.0463					0								7.38	10.1			CLOUDY
5	0.0603					0								7.37	9.2			RAIN
6	0.0609					0								7.29	10.2			CLEAR
7	0.0645					900								7.04	10.9			CLOUDY
8	0.0282					0								7.35	12.2			CLEAR
9	0.0456					0								7.29	10.8			CLOUDY
10	0.0562					1350	475							7.12	11.1			CLEAR
11	0.0270					450								7.38	11.9			CLEAR
12	0.0316					0								7.41	10.9			CLOUDY
13	0.0364					0								7.44	11.3			CLOUDY
14	0.0469					0								7.38	11.1			CLEAR
15	0.0345					900								6.72	11.4			CLEAR
16	0.0291					0								7.49	11.7			CLOUDY
17	0.0382	258	82.2	284	90.5	900	475	7	2.2	7.0	2.2	8.40		7.27	11.8	420		CLOUDY
18	0.0321					0								8.21	11.9			SNOW
19	0.0152					0								8.07	10.6			CLOUDY
20	0.0574					0								8.00	9.6			RAIN
21	0.0624					1200								7.83	9.5			CLEAR
22	0.0970					1800								6.91	12.3			CLEAR
23	0.0381					0								8.11	9.9			CLEAR
24	0.0762					900	440							7.53	13.1			RAIN
25	0.0881					900								7.65	10.2			CLEAR
26	0.0810					0								7.55	11.3			CLEAR
27	0.0808					0								7.58	11.5			CLEAR
28	0.0711	144	85.4	96	56.9	0		<3	<1.8	6.2	3.7	2.15		7.61	11.0	<1		CLEAR
29	0.0889					900								7.13	12.8			SNOW
30	0.0427					900								7.31	11.9			CLOUDY
31	0.0593					900	405							7.27	12.3			CLOUDY
Avg	0.0566	201	83.8	190	73.7	445	418	<5.0	<2.0	6.6	3.0	5.3		7.45	11.1	<20		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:



Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1  
 Felton Borough, York County

For the MONTH January 2019  
 NPDES Permit PA 0088579 Outfall 001  
 Renewal application DUE DATE is April 3, 2023  
 This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0864										
2	0.0875										
3	0.0845										
4	0.0463										
5	0.0603										
6	0.0609										
7	0.0645										
8	0.0282										
9	0.0456										
10	0.0562										
11	0.0270										
12	0.0316										
13	0.0364										
14	0.0469										
15	0.0345										
16	0.0291										
17	0.0382	8.40	2.68			<0.50	<0.16	<44.40	<14.15	<44.90	<14.30
18	0.0321										
19	0.0152										
20	0.0574										
21	0.0624										
22	0.0970										
23	0.0381										
24	0.0762										
25	0.0881										
26	0.0810										
27	0.0808										
28	0.0711	2.15	1.27			0.42	0.25	<18.45	<10.94	<18.87	<11.19
29	0.0889										
30	0.0427										
31	0.0593										
Avg	0.0566	5.28	1.98	XXX	XXX	<0.46	<0.20	<31.43	<12.54	<31.89	<12.75
* Total lbs/mo		XXX	61.24	XXX	XXX	XXX	<6.33	XXX	<388.83	XXX	<395.16

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. Wright*

2/28/2019





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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
PERMIT NUMBER	MONITORING PERIOD Year/Month/Day		
PA 0088579	19/01/01	TO	19/01/31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
2/28/2019

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Non-Compliance Discharge Report - NPDES Permit PA 0088579

Felton Borough  
Felton Borough, York County

Watershed: 7-1

For the MONTH December 2018

1. A non-compliance discharge of  
did not collect required number of samples for ammonia  
2 samples per month are required but we missed both samples

2. The impact on the receiving water was (circle those that apply): 1. Foam 2. Sheen 3. Discoloration 4. Odors 5. Solids deposited 6. Fishkill  
7. Did not determine 8. Other (describe)

3. The cause of the non-compliance discharge was: Operator error

4. The non-compliance discharge continued from the period of (date) December and (time) \_\_\_\_\_  
to (date) \_\_\_\_\_ and (time) \_\_\_\_\_ or will continue until (date) \_\_\_\_\_  
and (time) \_\_\_\_\_

5. The following action is being taken to prevent a recurrence or another non-compliance discharge of this nature:  
The permit requirements are posted on site. Instructions for operators are encouraged to be written not oral

6. The following analysis was made to determine the impact and extent of the impact upon the receiving waters (effluent, stream, other):  
N/A

7. The Department of Environmental Protection was notified of this non-compliance on (date) 2/28/2019 at (time) \_\_\_\_\_  
The person(s) contacted was (were): \_\_\_\_\_

Signature *Frederick P. L. [Signature]* Title Contract Operator Date 2/28/2019



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Thu, Feb 28, 2019 at 12:30 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 01/01/2019-01/31/2019  
**Report Due Date:** 02/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 138640  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

March 31, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed February 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-4

PA0088579  
**PERMIT NUMBER**

001  
**DISCHARGE NUMBER**

Reporting Frequency: Monthly  
 DMR Effective From: October 1, 2018  
 DMR Effective To: September 30, 2023  
 Permit Expires: September 30, 2023  
 Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	02	01		19	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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Flow	SAMPLE MEASUREMENT	0.0430	0.0723	MGD	XXX	XXX	XXX		0	Continuous	Measured
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		XXX	X	Continuous
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.82	XXX	7.88	S.U.	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	10.6	XXX	XXX	mg/l	0	1/day	Grab
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	1.4	1.4	lbs/d	XXX	3	4	mg/l	0	1/MONTH	8-Hr Composite
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	75.3	99.2	XXX	XXX	196	XXX	#/100 ml	0	1/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	2.5	4.90	lbs/d	XXX	6	7	mg/l	0	1/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	77.7	102.8	XXX	XXX	202	XXX	mg/l	0	1/MONTH	24-Hr Composite
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				TELEPHONE				DATE		
Frederick P. Walton, Operations Manager	<i>Frederick P. Walton</i>				484-643-0024				2019	3	28
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

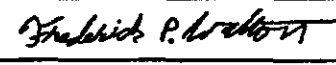
PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	02	01		19	02	28

Note: Read instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab		
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<24	.280	CFU/ 100 ml	0	2/MONTH	Grab		
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab		
Total Phosphorus	SAMPLE MEASUREMENT	1.96		lbs/day	XXX	4.55	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Ammonia - N	SAMPLE MEASUREMENT	<0.06		lbs/day	XXX	<0.14	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Kjeldahl N	SAMPLE MEASUREMENT	<0.17	XXX	lbs/day	XXX	<0.37	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Nitrate - Nitrite as N	SAMPLE MEASUREMENT	<13.22	XXX	lbs/day	XXX	<30.63	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite		
Total Nitrogen	SAMPLE MEASUREMENT	<13.40		lbs/day	XXX	<31.00	XXX	mg/l	0	2/MONTH	8-hr Composite		
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 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.				 TELEPHONE 484-643-0024				DATE 2019 3 28				
TYPED OR PRINTED	Frederick P. Walton, Operations Manager				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH February 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent						Process Control		Effluent								Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day			mg/l	lbs/ day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l			
1	0.0723					0								7.57	12.5			SNOW
2	0.0500					0								7.63	10.6			CLEAR
3	0.0516					0								7.69	11.3			CLEAR
4	0.0264					0								7.68	13.4			CLEAR
5	0.0483					1800	335							7.54	12.7			CLEAR
6	0.0099					900								7.72	11.8			CLOUDY
7	0.0446					0								7.84	13.9			CLOUDY
8	0.0378					0								7.73	12.8			RAIN
9	0.0307					0								7.81	13.2			CLEAR
10	0.0362					0								7.85	12.9			CLEAR
11	0.0403	295	99.2	306	102.8	0		4	1.2	7.0	2.4	4.80	<0.10	7.88	12.1	280		SNOW
12	0.0501					0								6.82	12.5			RAIN
13	0.0344					0								7.01	12.2			CLEAR
14	0.0565					0								7.28	12.3			CLEAR
15	0.0407					0								7.44	12.1			CLOUDY
16	0.0426					0								7.51	11.8			CLEAR
17	0.0358					0								7.48	11.9			CLOUDY
18	0.0218					0	330							7.28	11.7			CLOUDY
19	0.0482					0								7.06	13.6			CLEAR
20	0.0259					0								7.31	12.8			CLOUDY
21	0.0398					0								7.44	11.9			CLOUDY
22	0.0454					0								7.38	12.2			CLOUDY
23	0.0569					0								7.58	12.7			CLOUDY
24	0.0341					0								7.63	12.8			RAIN
25	0.0642	96	51.4	98	52.5	0	340	3	1.6	5	2.7	4.30	0.18	7.63	14.0	<2		CLEAR
26	0.0692					0								7.24	12.5			CLOUDY
27	0.0295					0								7.22	13.1			CLEAR
28	0.0600					0								7.88	12.8			CLEAR
29																		
30																		
31																		
Avg	0.0430	196	75.3	202	77.7	96	335	3	1.4	6	2.5	4.6	<0.14	7.50	12.5	<24		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were received during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. W. [Signature]*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1  
 Felton Borough, York County

For the MONTH February 2019  
 NPDES Permit PA 0088579 Outfall 001  
 Renewal application DUE DATE is April 3, 2023  
 This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO3-NO2	Total N (lbs/day) TKN + NO3-NO2
1	0.0723										
2	0.0500										
3	0.0516										
4	0.0264										
5	0.0483										
6	0.0099										
7	0.0446										
8	0.0378										
9	0.0307										
10	0.0362										
11	0.0403	4.80	1.61	<0.10	<0.03	0.24	0.08	<31.85	<10.70	<32.09	<10.79
12	0.0501										
13	0.0344										
14	0.0565										
15	0.0407										
16	0.0426										
17	0.0358										
18	0.0218										
19	0.0482										
20	0.0259										
21	0.0398										
22	0.0454										
23	0.0569										
24	0.0341										
25	0.0642	4.30	2.30	0.18	0.10	<0.50	<0.27	<29.40	<15.74	<29.90	<16.01
26	0.0692										
27	0.0295										
28	0.0600										
29											
30											
31											
Avg	0.0430	4.55	1.96	<0.14	<0.06	<0.37	<0.17	<30.63	<13.22	<31.00	<13.40
* Total lbs/mo		XXX	54.82	XXX	<1.82	XXX	<4.88	XXX	<370.25	XXX	<375.13

\* Calculated by Avg (lbs/day) x total number of days in month

Signature: *Frederick P. [Signature]*

3/28/2019



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name: <u>Felton Borough</u>			
Address: <u>88 Main Street</u> <u>Felton, PA 17322</u>			
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> <i>Year/Month/Day</i>		
PA 0088579	19/02/01 TO 19/02/28		
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>		
<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>		
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
3/28/2019

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH February 2019

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge			Hauled as dewatered sludge			
Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
		X 0.0000417	0.000			X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
Totals =			0.000	Total =		

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.000			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:  
 Pre-incineration weight = \_\_\_\_\_ dry tons  
 Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. ...*  
 \_\_\_\_\_  
 Signature  
 (484)643-0024  
 \_\_\_\_\_  
 Telephone

Manager, Operations  
 \_\_\_\_\_  
 Title  
 3/28/2019  
 \_\_\_\_\_  
 Date



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Thu, Mar 28, 2019 at 11:20 PM

*This email is to confirm that the following report was received by DEP through the eDMR system:*

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 02/01/2019-02/28/2019  
**Report Due Date:** 03/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 142526  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

May 1, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed March 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style and extends across the width of the page with a long horizontal line.

Fred Walton  
Managing Member  
Certified Operator



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

**PERMITTEE NAME/ADDRESS**  
**NAME:** FELTON BOROUGH  
**ADDRESS:** 88 Main Street  
 Felton, PA 17322-9051  
**FACILITY:** Felton Borough STP  
**LOCATION:** Felton Borough  
 York County  
**WATERSHED:** 7-I

PA0088579
<b>PERMIT NUMBER</b>

001
<b>DISCHARGE NUMBER</b>

**Reporting Frequency:** Monthly  
**DMR Effective From:** October 1, 2018  
**DMR Effective To:** September 30, 2023  
**Permit Expires:** September 30, 2023  
**Permit Application Due:** April 3, 2023  
 Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	03	01			19	03

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0729	0.2336	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.26	XXX	8.10	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	7.0	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	3.5	3.5	lbs/d	XXX	6	7	mg/l	0	1/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	<37.2	71.9	XXX	XXX	133	XXX	#/100 ml	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	6.4	4.90	lbs/d	XXX	9	13	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	46.4	70.2	XXX	XXX	141	XXX	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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 knowledge 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.</small>							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager								484-643-0024		2019	4	28
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	03	01		19	03	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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<5	28	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
Total Phosphorus	SAMPLE MEASUREMENT	0.83		lbs/day	XXX	1.825	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Ammonia - N	SAMPLE MEASUREMENT	1.42		lbs/day	XXX	2.04	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Kjeldahl N	SAMPLE MEASUREMENT	2.43	XXX	lbs/day	XXX	3.42	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	<7.40	XXX	lbs/day	XXX	<17.63	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Total Nitrogen	SAMPLE MEASUREMENT	<9.83		lbs/day	XXX	<21.05	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 ensure that qualified personnel properly gather and evaluate the information submitted based on my knowledge 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DATE		
Frederick P. Walton, Operations Manager					<i>Frederick P. Walton</i>			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED				484-643-0024	2019	4	28				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH March 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent					Process Control		Effluent								Weather		
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.		Fecals	TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l		/100 ml	mg/l
1	0.0651					0								7.34	12.2			CLOUDY
2	0.0242					0								7.31	12.6			CLOUDY
3	0.0533					0								7.39	11.8			SNOW
4	0.0424					0								7.44	11.6			CLOUDY
5	0.0595					1800								7.26	13.2			CLEAR
6	0.0465					0								7.96	8.4			CLEAR
7	0.0329	262	71.9	256	70.2	0		6.6	1.8	5.2	1.4	2.55	1.18	7.91	10.2			CLEAR
8	0.0395					0								7.81	11.3			CLEAR
9	0.0330					0								7.63	10.8			CLEAR
10	0.0445					0								7.55	10.1			RAIN
11	0.0874					1800	310							7.38	13.0			CLOUDY
12	0.0559					0								8.10	12.6			CLOUDY
13	0.0394					0								7.95	12.1			CLEAR
14	0.0580					0								7.73	12.5	<1		CLOUDY
15	0.0736					1200								7.72	10.3			CLEAR
16	0.0522					0								7.65	11.1			CLOUDY
17	0.0521					0								7.61	11.9			CLEAR
18	0.0430					1800	300							7.63	13.4			CLOUDY
19	0.0434					0								8.07	9.4			CLOUDY
20	0.0327					0								7.95	10.1			CLEAR
21	0.0442					1800								7.86	11.4			RAIN
22	0.1313					0								7.61	13.5			CLOUDY
23	0.2336					0								7.58	12.9			CLOUDY
24	0.1724					0								7.45	13.5			CLEAR
25	0.1746					900								7.52	9.8			RAIN
26	0.1043	<3	<2.6	26	22.6	600	200	6.0	5.2	13	11.3	1.10	2.90	7.70	7.0	28		CLEAR
27	0.1095					0								7.81	7.5			CLEAR
28	0.0933					0								7.75	8.1			CLEAR
29	0.0813					0								7.63	7.9			CLEAR
30	0.0728					0								7.59	8.2			CLOUDY
31	0.0635					0								7.54	8.5			CLOUDY
Avg	0.0729	<133	<37.2	141	46.4	319	270	6.3	3.5	9.1	6.4	1.83	2.04	7.66	10.9	<5		

Laboratory Name: LABS INC. and BSC In House? No

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-I

Felton Borough, York County

For the MONTH March 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0651										
2	0.0242										
3	0.0533										
4	0.0424										
5	0.0595										
6	0.0465										
7	0.0329	2.6	0.7	1.18	0.32	1.84	0.50	26.67	7.32	28.51	7.82
8	0.0395										
9	0.0330										
10	0.0445										
11	0.0874										
12	0.0559										
13	0.0394										
14	0.0580										
15	0.0736										
16	0.0522										
17	0.0521										
18	0.0430										
19	0.0434										
20	0.0327										
21	0.0442										
22	0.1313										
23	0.2336										
24	0.1724										
25	0.1746										
26	0.1043	1.1	1.0	2.90	2.52	5.00	4.35	<8.60	<7.48	<13.60	<11.83
27	0.1095										
28	0.0933										
29	0.0813										
30	0.0728										
31	0.0635										
Avg	0.0729	1.83	0.83	2.04	1.42	3.42	2.43	<17.63	<7.40	<21.05	<9.83
* Total lbs/mo		XXX	25.68	XXX	44.12	XXX	75.24	XXX	<229.36	XXX	<304.60



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

<b>Permittee Name:</b>	Felton Borough		
<b>Address:</b>	88 Main Street		
	Felton, PA 17322		
<b>PERMIT NUMBER</b>	<b>MONITORING PERIOD</b> Year/Month/Day		
PA 0088579	19/03/01	TO	19/03/31
<b>PARAMETER</b>	<b>ANALYSIS METHOD</b>	<b>LAB NAME</b>	<b>LAB ID NUMBER<sup>2</sup></b>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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**  
Frederick P. Walton, Operations Manager

**Phone: (484) 643-0024**  
4/28/2019

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH March 2019

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
3,000	0.2755	X 0.0000417	0.034			X 0.01
3,000	0.8330	X 0.0000417	0.104			X 0.01
3,000	0.4000	X 0.0000417	0.050			X 0.01
3,000	0.6690	X 0.0000417	0.084			X 0.01
3,000	0.5750	X 0.0000417	0.072			X 0.01
		X 0.0000418				X 0.01
		X 0.0000419				X 0.01
		X 0.0000420				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01
		X 0.0000417				X 0.01

Totals = 0.344

Total = \_\_\_\_\_

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.344			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Drakton*

Signature  
(484)643-0024

Telephone

Manager, Operations

Title

4/28/2019

Date



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Wed, May 8, 2019 at 1:17 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 03/01/2019-03/31/2019  
**Report Due Date:** 04/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 147548  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

May 26, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

**RE: Monthly Report for Felton Borough Wastewater Treatment Plant**

Dear Mr. Dodge,

Enclosed please find a copy of the completed April 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-4

PA0088579
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency: Monthly  
 DMR Effective From: October 1, 2018  
 DMR Effective To: September 30, 2023  
 Permit Expires: September 30, 2023  
 Permit Application Due: April 3, 2023  
 Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	04	01		19	04	30

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0293	0.0711	MGD	XXX	XXX	XXX		0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		XXX	X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.01	XXX	7.93	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	6.8	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	<0.87	< 1.52	lbs/d	XXX	<3.0	<3.0	mg/l	0	1/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	84.2	126.3	XXX	XXX	412	XXX	#/100 ml	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	1.8	4.90	lbs/d	XXX	7	9	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	38.7	54.8	XXX	XXX	208	XXX	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 prepare 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.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager									484-643-0024	2019	5	26
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-I

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	04	01		19	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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	26	29	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
Total Phosphorus	SAMPLE MEASUREMENT	0.57		lbs/day	XXX	2.15	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Ammonia - N	SAMPLE MEASUREMENT	<0.07		lbs/day	XXX	<0.18	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Kjeldahl N	SAMPLE MEASUREMENT	<0.19	XXX	lbs/day	XXX	<0.47	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	8.45	XXX	lbs/day	XXX	32.84	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Total Nitrogen	SAMPLE MEASUREMENT	<8.65		lbs/day	XXX	<33.308	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Frederick P. Walton, Operations Manager					<i>Frederick P. Walton</i>			484-643-0024		2019 5 26		
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH April 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent					Process Control		Effluent										Weather
	Flow	BOD <sub>5</sub>		TSS		Aeration Wasted (Gal)	Aeration Solids (ml/L)	CBOD <sub>5</sub>		TSS		Phos. mg/l	NH <sub>3</sub> N mg/l	pH. S.U.	D.O. mg/l	Fecals /100 ml	TRC mg/l	
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day			mg/l	lbs/ day	mg/l	lbs/day							
1	0.0608	249	126.3	108	54.8	450	200	<3.0	<1.52	5.6	2.8	1.90	0.26	7.93	11.3	29		CLOUDY
2	0.0711					0								7.88	11.5			CLOUDY
3	0.0355					0								7.89	11.7			CLOUDY
4	0.0455					900	120							7.08	7.4			CLEAR
5	0.0318					0								7.75	7.3			CLOUDY
6	0.0369					0								7.61	7.1			CLOUDY
7	0.0475					0								7.13	6.8			CLOUDY
8	0.0400					0								7.08	8.9			CLEAR
9	0.0522					750	235							7.25	10.0			CLOUDY
10	0.0291					0								7.23	10.2			CLEAR
11	0.0435					0								7.58	10.4			CLOUDY
12	0.0384					0								7.61	10.2			CLOUDY
13	0.0466					0								7.43	10.1			CLOUDY
14	0.0603					0								7.21	10.5			CLOUDY
15	0.0411					0	235							7.30	9.4			CLOUDY
16	0.0348					0								7.37	9.8			CLEAR
17	0.0362					0								7.41	9.2			CLOUDY
18	0.0137					0								7.55	9.5			CLOUDY
19	0.0118					600								7.25	9.2			RAIN
20	0.0085					0								7.36	9.3			RAIN
21	0.0135					0								7.32	9.5			CLEAR
22	0.0062					450	255							7.73	10.5			CLEAR
23	0.0122					0								7.58	9.8			CLEAR
24	0.0064					0								7.65	10.2			CLEAR
25	0.0088	575	42.2	308	22.6	0		<3.0	<0.22	9.0	0.7	2.40	<0.10	7.63	10.3	24		CLOUDY
26	0.0131					0								7.07	10.4			CLOUDY
27	0.0074					0								7.01	10.2			CLEAR
28	0.0109					0								7.05	10.1			CLOUDY
29	0.0077					0								7.01	10.2			CLEAR
30	0.0089					0	250							7.07	10.5			CLEAR
31																		
Avg	0.0293	412	84.2	208	38.7	105	216	<3.0	<0.87	7.3	1.8	2.15	<0.18	7.40	9.7	26		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

Signature:

*Frederick P. Drakos*

## DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH April 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Flow MGD	Effluent									
		Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0608	1.90	0.96	0.26	0.13	0.74	0.38	27.870	14.132	28.610	14.51
2	0.0711										
3	0.0355										
4	0.0455										
5	0.0318										
6	0.0369										
7	0.0475										
8	0.0400										
9	0.0522										
10	0.0291										
11	0.0435										
12	0.0384										
13	0.0466										
14	0.0603										
15	0.0411										
16	0.0348										
17	0.0362										
18	0.0137										
19	0.0118										
20	0.0085										
21	0.0135										
22	0.0062										
23	0.0122										
24	0.0064										
25	0.0088	2.40	0.18	<0.10	<0.01	<0.20	<0.01	37.805	2.775	<38.005	<2.79
26	0.0131										
27	0.0074										
28	0.0109										
29	0.0077										
30	0.0089										
31											
Avg	0.0293	2.15	0.57	<0.18	<0.07	<0.47	<0.19	32.84	8.45	<33.308	<8.65
* Total lbs/mo		XXX	17.09	XXX	<2.09	XXX	<5.85	XXX	253.60	XXX	<259.45



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name: Felton Borough  
 Address: 88 Main Street  
Felton, PA 17322

PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	19/04/01	TO	19/04/30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
 Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
 5/26/2019

Signature of Principal Executive Officer  
 of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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





Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthehelpdesk@state.pa.us <depgreenporthehelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Sun, May 28, 2019 at 8:44 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 04/01/2019-04/30/2019  
**Report Due Date:** 05/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 150028  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

June 26, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed May 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style with a long horizontal line extending to the right from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
**PERMIT NUMBER**

001  
**DISCHARGE NUMBER**

Reporting Frequency: Monthly  
 DMR Effective From: October 1, 2018  
 DMR Effective To: September 30, 2023  
 Permit Expires: September 30, 2023  
 Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	05	01		19	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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0123	0.0267	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured	
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.05	XXX	7.90	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	6.3	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	1.7	1.7	lbs/d	XXX	19	34	mg/l	0	1/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	84.6	142.5	XXX	XXX	1243	XXX	#/100 ml	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	<1.7	4.90	lbs/d	XXX	<19.5	34	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	49.1	75.5	XXX	XXX	705	XXX	mg/l	0	1/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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 the use and imprisonment for breaching this law.</small>							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager								484-643-0024		2019	6	28
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	05	01		19	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	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<4	15	CFU/ 100 ml	0	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab	
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab	
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab	
Total Phosphorus	SAMPLE MEASUREMENT	0.24		lbs/day	XXX	2.84	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Ammonia - N	SAMPLE MEASUREMENT	<0.18		lbs/day	XXX	<1.99	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Kjeldahl N	SAMPLE MEASUREMENT	0.20	XXX	lbs/day	XXX	2.28	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	1.73	XXX	lbs/day	XXX	23.92	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite	
Total Nitrogen	SAMPLE MEASUREMENT	1.93		lbs/day	XXX	26.20	XXX	mg/l	0	2/MONTH	8-hr Composite	
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
Frederick P. Walton, Operations Manager					484-643-0024		2019	6	28			
TYPED OR PRINTED					AREA CODE	NUMBER	YEAR	MO	DAY			

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH May 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent					Process Control		Effluent									Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0120													7.54	9.2			CLOUDY
2	0.0090													7.38	7.8			CLOUDY
3	0.0063					450	375							7.70	7.2			CLOUDY
4	0.0132					0								7.63	7.5			CLOUDY
5	0.0117					0								7.51	7.7			RAIN
6	0.0076					0								7.48	7.9			CLEAR
7	0.0127					0								7.36	7.1			CLEAR
8	0.0078	2190	142.5	1160	75.5	0		3.6	0.23	<5.0	<0.3	1.08	<0.10	7.33	7.5	14.5		CLOUDY
9	0.0132					0								7.64	7.2			CLOUDY
10	0.0062					0	340							7.61	7.5			CLOUDY
11	0.0119					0								7.63	7.8			CLEAR
12	0.0132					0								7.55	7.9			RAIN
13	0.0105					0	355							7.49	7.5			CLOUDY
14	0.0175					0								7.29	7.8			CLEAR
15	0.0218					0								7.15	7.7			CLEAR
16	0.0198					0								7.05	7.9			RAIN
17	0.0267					0								7.16	8.5			CLEAR
18	0.0140					0								7.41	8.4			CLEAR
19	0.0203					0								7.63	8.7			CLEAR
20	0.0154					1800	595							7.65	8.2			CLEAR
21	0.0059					0								7.61	7.9			CLEAR
22	0.0109					0								7.59	8.1			CLEAR
23	0.0097					0								7.51	8.8			CLOUDY
24	0.0131					0								7.48	8.1			CLEAR
25	0.0108					0								7.44	8.3			CLEAR
26	0.0086					900								7.41	8.5			CLEAR
27	0.0083					900								7.44	8.1			CLEAR
28	0.0120					0								7.90	6.5			CLOUDY
29	0.0109	295	26.8	250	22.7	0		34.0	3.09	34.0	3.1	4.60	3.87	7.85	7.0	<1		CLOUDY
30	0.0115					0								7.88	6.8			CLOUDY
31	0.0090					600	485							7.60	6.3			CLEAR
Avg	0.0123	1243	84.6	705	49.1	160	430	18.8	1.7	<19.5	<1.7	2.84	<1.99	7.51	7.8	<4		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[ ] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were received during the month.

[X] Check here if there were no noncompliances during the month.

Signature: *Frederick P. Whitson*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH May 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO3-NO2	Total N (lbs/day) TKN + NO3-NO2
1	0.0120										
2	0.0090										
3	0.0063										
4	0.0132										
5	0.0117										
6	0.0076										
7	0.0127										
8	0.0078	1.08	0.07	<0.10	<0.01	0.26	0.02	34.280	2.230	34.540	2.25
9	0.0132										
10	0.0062										
11	0.0119										
12	0.0132										
13	0.0105										
14	0.0175										
15	0.0218										
16	0.0198										
17	0.0267										
18	0.0140										
19	0.0203										
20	0.0154										
21	0.0059										
22	0.0109										
23	0.0097										
24	0.0131										
25	0.0108										
26	0.0086										
27	0.0083										
28	0.0120										
29	0.0109	4.60	0.42	3.87	0.35	4.30	0.39	13.55	1.232	17.850	1.62
30	0.0115										
31	0.0090										
Avg	0.0123	2.84	0.24	<1.99	<0.18	2.28	0.20	23.92	1.73	26.20	1.93
* Total lbs/mo		XXX	7.57	XXX	<5.55	XXX	6.32	XXX	53.66	XXX	59.98

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. Wroblewski*



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
PERMIT NUMBER	MONITORING PERIOD Year/Month/Day		
PA 0088579	19/05/01	TO	19/05/31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
6/28/2019

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH May 2019

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production information (prior to incineration)

Hauled as liquid sludge

Hauled as dewatered sludge

Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01
15,000	0.3100	X 0.000417	0.194			X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000418				X 0.01
		X 0.000419				X 0.01
		X 0.000420				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01
		X 0.000417				X 0.01

Totals = 0.194

Total =

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.194			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Wabnitz*

Signature

(484)643-0024

Telephone

Manager, Operations

Title

6/28/2019

Date



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

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depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Fri, Jun 28, 2019 at 5:17 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 05/01/2019-05/31/2019  
**Report Due Date:** 06/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 154808  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

July 28, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed June 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style and is followed by a long horizontal line that extends to the right.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS  
NAME: FELTON BOROUGH  
  
ADDRESS: 88 Main Street  
Felton, PA 17322-9051  
  
FACILITY: Felton Borough STP  
  
LOCATION: Felton Borough  
York County  
  
WATERSHED: 7-I

PA0088579
PERMIT NUMBER

001
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	06	01			19	06

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0098	0.0165	MGD	XXX	XXX	XXX		0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		XXX	X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	7.07	XXX	8.20		0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		S.U.	X	1/day	Grab
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	6.5	XXX	XXX		0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		mg/l	X	1/day	Grab
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.5	0.5	lbs/d	XXX	5	5		0	2/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wldy Avg		XXX	25 Avg Mo	40 Wldy Avg		mg/l	X	2/MONTH	8-Hr Composite
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	28.6	33.5	XXX	XXX	357	XXX		0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		#/100 ml	X	2/MONTH	24-Hr Composite
Total Suspended Solids	SAMPLE MEASUREMENT	1.4	4.90	lbs/d	XXX	17	26		0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wldy Avg		XXX	30 Avg Mo	45 Wldy Avg		mg/l	X	2/MONTH	24-Hr Composite
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	84.4	129.7	XXX	XXX	1030	XXX		0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		mg/l	X	2/MONTH	24-Hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	<small>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.</small>							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager									484-643-0024	2019	07	28
TYPED OR PRINTED									AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

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MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	06	01		19	06	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
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	11	25	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X		
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X		
Total Phosphorus	SAMPLE MEASUREMENT	0.38	11.49	lbs/day	XXX	4.7	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report mo avg	report mo total lbs		XXX	Monthly Average	XXX		X		
Ammonia - N	SAMPLE MEASUREMENT	<0.93	<27.91	lbs/day	XXX	<11.1	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report mo avg	report mo total lbs		XXX	Monthly Average	XXX		X		
Kjeldahl N	SAMPLE MEASUREMENT	<1.28	XXX	lbs/day	XXX	<15.25	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report mo avg	XXX		XXX	Monthly Average	XXX		X		
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	<2.35	XXX	lbs/day	XXX	<31.19	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report mo avg	XXX		XXX	Monthly Average	XXX		X		
Total Nitrogen	SAMPLE MEASUREMENT	<3.64	<109.11	lbs/day	XXX	<46.44	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report mo avg	report mo total lbs		XXX	Monthly Average	XXX		X		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 knowledge 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 causing violations.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE	
Frederick P. Walton, Operations Manager					<i>Frederick P. Walton</i>			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED				484-643-0024	2019	07	28				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH June 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent					Process Control		Effluent										Weather
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals	TRC	
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml	mg/l	
1	0.0092					0								7.51	6.5			CLEAR
2	0.0115					0								7.55	6.8			CLOUDY
3	0.0090					900	525							7.80	8.0			CLEAR
4	0.0101	398	33.5	1540	129.7	0		6.6	0.56	26.0	2.2	6.60	22.00	7.93	8.4	25		CLEAR
5	0.0127					0								7.83	8.5			CLOUDY
6	0.0076					0								7.88	8.2			CLEAR
7	0.0128					0								7.75	8.4			CLEAR
8	0.0130					0								7.68	8.1			CLEAR
9	0.0105					0								7.66	8.5			CLEAR
10	0.0104					900								7.53	8.4			CLOUDY
11	0.0096					900								7.47	10.5			CLEAR
12	0.0042					0								7.45	9.5			CLEAR
13	0.0094					0								7.91	8.4			RAIN
14	0.0015					2250	550							8.20	8.2			CLEAR
15	0.0068					0								8.10	8.3			CLOUDY
16	0.0095					0								7.77	7.0			CLOUDY
17	0.0070					2700	550							7.48	8.9			CLOUDY
18	0.0088					900	280							8.02	8.9			CLOUDY
19	0.0090	315	23.6	520	39.0	900		5.0	0.38	7.0	0.5	2.80	< 0.10	7.96	9.5	5		CLOUDY
20	0.0105					900	525							7.78	8.9			CLOUDY
21	0.0160					0								7.65	9.1			CLOUDY
22	0.0085					0								7.61	9.5			CLEAR
23	0.0042					0								7.63	9.1			CLEAR
24	0.0124					0								7.65	9.3			CLEAR
25	0.0165					0								7.07	8.5			CLEAR
26	0.0063					0								7.09	8.7			CLEAR
27	0.0123					0								7.66	8.5			CLEAR
28	0.0100					1350	415							7.95	8.5			CLEAR
29	0.0095					0								7.91	8.3			CLEAR
30	0.0140					0								7.83	8.9			CLEAR
31																		
Avg	0.0098	357	28.6	1030	84.4	390	474	5	0.5	16.5	1.4	4.70	<11.1	7.71	8.5	11		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recycled during the month.

[X] Check here if there were no noncompliances during the month.

Signature: *Frederick P. W...*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH June 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Flow MGD	Effluent									
		Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO <sub>3</sub> -NO <sub>2</sub>	Total N (lbs/day) TKN + NO <sub>3</sub> -NO <sub>2</sub>
1	0.0092										
2	0.0115										
3	0.0090										
4	0.0101	6.60	0.56	22.00	1.85	30.00	2.53	2.980	0.251	32.980	2.78
5	0.0127										
6	0.0076										
7	0.0128										
8	0.0130										
9	0.0105										
10	0.0104										
11	0.0096										
12	0.0042										
13	0.0094										
14	0.0015										
15	0.0068										
16	0.0095										
17	0.0070										
18	0.0088										
19	0.0090	2.80	0.21	<0.10	<0.01	<0.50	<0.04	<59.4	<4.60	<59.90	<4.50
20	0.0105										
21	0.0160										
22	0.0085										
23	0.0042										
24	0.0124										
25	0.0165										
26	0.0063										
27	0.0123										
28	0.0100										
29	0.0095										
30	0.0140										
31											
Avg	0.0098	4.70	0.38	<11.1	<0.93	<15.25	<1.28	<31.19	<2.35	<46.44	<3.64
* Total lbs/mo		XXX	11.49	XXX	<27.91	XXX	<38.47	XXX	<70.64	XXX	<109.11

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. Wright*



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
PERMIT NUMBER	MONITORING PERIOD <i>Year/Month/Day</i>		
PA 0088579	19/06/01	TO	19/06/30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Collform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
7/28/2019

Signature of Principal Executive Officer  
of Authorized Agent

*Frederick P. Walton*

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH June 2019

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production information (prior to incineration)

Hauled as liquid sludge				Hauled as dewatered sludge			
Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered sludge	X % Solids	X 0.01	
		X 0.0000417	0.000			X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000418				X 0.01	
		X 0.0000419				X 0.01	
		X 0.0000420				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
Totals =			0.000	Total =			

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	0.000			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Lusk*

Signature  
(484)643-0024

Telephone

Manager, Operations

Title  
7/28/2019

Date



Fred Walton <fredpwalton@gmail.com>

---

**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Sun, Jul 28, 2019 at 7:49 PM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 06/01/2019-06/30/2019  
**Report Due Date:** 07/28/2019

**Submitted By:** Cynthia Walton-Songers  
**Submission Id:** 160300  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

August 27, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed July 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive, flowing style.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS  
 NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
 Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579
PERMIT NUMBER

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Reporting Frequency: Monthly

DMR Effective From: October 1, 2018

DMR Effective To: September 30, 2023

Permit Expires: September 30, 2023

Permit Application Due: April 3, 2023

Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	07	01		19	07	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
Flow	SAMPLE MEASUREMENT	0.0103	0.0160	MGD	XXX	XXX	XXX		0	Continuous	Measured	
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		XXX	X	Continuous	Measured
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.63	XXX	8.16	S.U.	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab	
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	5.4	XXX	XXX	mg/l	0	1/day	Grab	
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab	
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	0.3	0.3	lbs/d	XXX	5	5	mg/l	0	2/MONTH	8-Hr Composite	
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite	
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	25.6	30.6	XXX	XXX	458	XXX	#/100 ml	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
Total Suspended Solids	SAMPLE MEASUREMENT	0.5	0.60	lbs/d	XXX	8	10	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite	
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	23.1	30.0	XXX	XXX	429	XXX	mg/l	0	2/MONTH	24-Hr Composite	
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 persons 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.							TELEPHONE		DATE		
Frederick P. Walton, Operations Manager								484-643-0024		2019	08	27
TYPED OR PRINTED								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

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YEAR	MO	DAY	TO	YEAR	MO	DAY
19	07	01		19	07	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	<30	440	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
Total Phosphorus	SAMPLE MEASUREMENT	0.47		lbs/day	XXX	8.55	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Moethly Average	XXX		X	2/MONTH	8-hr Composite
Ammonia - N	SAMPLE MEASUREMENT	<0.01		lbs/day	XXX	<0.10	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Moethly Average	XXX		X	2/MONTH	8-hr Composite
Kjeldahl N	SAMPLE MEASUREMENT	<0.03	XXX	lbs/day	XXX	<0.50	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Moethly Average	XXX		X	2/MONTH	8-hr Composite
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	<2.60	XXX	lbs/day	XXX	<47.40	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Moethly Average	XXX		X	2/MONTH	8-hr Composite
Total Nitrogen	SAMPLE MEASUREMENT	<2.63		lbs/day	XXX	<47.90	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Moethly Average	XXX		X	1/MONTH	8-hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 certified personnel properly gather and evaluate the information submitted based on my knowledge 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 and accurate, and that I am a duly qualified and certified person to gather and evaluate the information.				TELEPHONE		DATE			
Frederick P. Walton, Operations Manager						484-643-0024		2019 08 27			

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH July 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent				Process Control		Effluent										Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(m/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0071					600								7.20	8.1			CLEAR
2	0.0051													7.56	10.9			CLEAR
3	0.0061	405	20.6	590	30.0	1350	365	5.0	0.25	6.0	0.3	9.40	<0.10	8.06	8.6	440		CLEAR
4	0.0057					0								8.00	8.9			CLEAR
5	0.0068					0								8.03	9.2			CLOUDY
6	0.0122					0								7.95	8.8			CLOUDY
7	0.0110					0								7.91	8.9			CLOUDY
8	0.0082					0								7.72	7.5			CLOUDY
9	0.0093					0								6.63	8.2			CLOUDY
10	0.0117					0								7.58	8.3			CLEAR
11	0.0138					0								7.55	7.9			CLOUDY
12	0.0146					1200	415							7.42	8.6			CLEAR
13	0.0099					0								7.38	8.3			CLEAR
14	0.0142					0								7.33	8.1			CLEAR
15	0.0075					0								7.21	7.7			CLEAR
16	0.0072	510	30.6	268	16.1	0	360	5.0	0.30	10.0	0.6	7.70	<0.10	7.34	8.6	<2		CLEAR
17	0.0121					900								8.10	8.1			CLEAR
18	0.0061					0								7.99	8.3			CLOUDY
19	0.0130					1200								8.09	7.6			CLEAR
20	0.0119					0								7.92	7.9			CLEAR
21	0.0054					0								8.00	7.4			CLEAR
22	0.0126					1800								7.84	7.5			CLOUDY
23	0.0098					1350	405							8.03	8.5			RAIN
24	0.0122					450								8.03	8.3			CLEAR
25	0.0155					1050								7.82	8.2			CLEAR
26	0.0082													7.91	7.2			CLEAR
27	0.0160					0								7.88	8.1			CLEAR
28	0.0149					0								7.80	8.5			CLEAR
29	0.0122					0								7.53	8.3			CLEAR
30	0.0084					0								8.16	7.7			CLEAR
31	0.0114					1200								7.66	5.4			CLOUDY
Avg	0.0103	458	25.6	429	23.1	396	386	5	0.28	8.0	0.5	8.55	<0.10	7.73	8.2	<30		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

Signature:

*Yves L. P. [Signature]*

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (5)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH July 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO3-NO2	Total N (lbs/day) TKN + NO3-NO2
1	0.0071										
2	0.0051										
3	0.0061	9.40	0.48	<0.10	<0.01	<0.50	<0.03	<53.40	<2.717	<53.90	<2.74
4	0.0057										
5	0.0068										
6	0.0122										
7	0.0110										
8	0.0082										
9	0.0093										
10	0.0117										
11	0.0138										
12	0.0146										
13	0.0099										
14	0.0142										
15	0.0075										
16	0.0072	7.70	0.46	<0.10	<0.01	<0.50	<0.03	<41.40	<2.486	<41.90	<2.52
17	0.0121										
18	0.0061										
19	0.0130										
20	0.0119										
21	0.0054										
22	0.0126										
23	0.0098										
24	0.0122										
25	0.0155										
26	0.0082										
27	0.0160										
28	0.0149										
29	0.0122										
30	0.0084										
31	0.0114										
Avg	0.0103	8.55	0.47	<0.10	<0.01	<0.50	<0.03	<47.40	<2.60	<47.90	<2.63
* Total lbs/mo		XXX	14.58	XXX	<0.17	XXX	<0.86	XXX	<80.64	XXX	<81.50



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

## SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>

Permittee Name:	Felton Borough		
Address:	88 Main Street		
	Felton, PA 17322		
PERMIT NUMBER	MONITORING PERIOD Year/Month/Day		
PA 0088579	19/07/01	TO	19/07/30
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
8/27/2019

Signature of Principal Executive Officer  
of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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





Fred Walton <fredpwalton@gmail.com>

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**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

---

depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Wed, Aug 28, 2019 at 12:15 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 07/01/2019-07/31/2019  
**Report Due Date:** 08/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 164267  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.



707 Sportsman's Lane  
Kennett Square, PA 19348  
484-643-0024

September 28, 2019

Mr. Terry Dodge  
Felton Borough  
88 Main Street  
Felton, PA 17322

RE: Monthly Report for Felton Borough Wastewater Treatment Plant

Dear Mr. Dodge,

Enclosed please find a copy of the completed August 2019 Discharge Monitoring Report (DMR) that has been submitted to the DEP for your records. There were no excursions this month.

If you have any questions, comments, or would like more information, please do not hesitate to contact me at (484) 643-0024.

Sincerely,

A handwritten signature in black ink that reads "Fred Walton". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Fred Walton  
Managing Member  
Certified Operator



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

PERMITTEE NAME/ADDRESS

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street  
Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	08	01		19	08	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		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
Flow	SAMPLE MEASUREMENT	0.0169	0.0425	MGD	XXX	XXX	XXX	XXX	0	Continuous	Measured		
	PERMIT REQUIREMENT	Report Avg Mo	Report DAILY MX		XXX	XXX	XXX		X	Continuous	Measured		
pH	SAMPLE MEASUREMENT	XXX	XXX	XXX	6.84	XXX	8.18	S.U.	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		6.0 Minimum	XXX	9.0 Maximum		X	1/day	Grab		
Dissolved Oxygen	SAMPLE MEASUREMENT	XXX	XXX	lbs/d	7.1	XXX	XXX	mg/l	0	1/day	Grab		
	PERMIT REQUIREMENT	XXX	XXX		5.0 Minimum	XXX	XXX		X	1/day	Grab		
CBOD <sub>5</sub>	SAMPLE MEASUREMENT	< 0.42	0.4	lbs/d	XXX	< 3.9	5	mg/l	0	2/MONTH	8-Hr Composite		
	PERMIT REQUIREMENT	8.3 Avg Mo	13 Wkly Avg		XXX	25 Avg Mo	40 Wkly Avg		X	2/MONTH	8-Hr Composite		
BOD <sub>5</sub> Raw Sewage Influent	SAMPLE MEASUREMENT	32.1	45.0	XXX	XXX	298	XXX	#/100 ml	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
Total Suspended Solids	SAMPLE MEASUREMENT	0.9	0.90	lbs/d	XXX	8	9	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	10 Avg Mo	15 Wkly Avg		XXX	30 Avg Mo	45 Wkly Avg		X	2/MONTH	24-Hr Composite		
Total Suspended Solids Raw Sewage Influent	SAMPLE MEASUREMENT	38.8	58.3	XXX	XXX	339	XXX	mg/l	0	2/MONTH	24-Hr Composite		
	PERMIT REQUIREMENT	Report Avg Mo	Report Daily Max		XXX	Report Avg Mo	XXX		X	2/MONTH	24-Hr Composite		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 prepare the information submitted herein on my behalf 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 the use of imprisonment for knowing violations.							TELEPHONE		DATE		
TYPED OR PRINTED									AREA CODE		NUMBER		YEAR

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

NAME: FELTON BOROUGH

ADDRESS: 88 Main Street

Felton, PA 17322-9051

FACILITY: Felton Borough STP

LOCATION: Felton Borough

York County

WATERSHED: 7-1

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

PA0088579  
PERMIT NUMBER

001  
DISCHARGE NUMBER

Reporting Frequency: Monthly  
DMR Effective From: October 1, 2018  
DMR Effective To: September 30, 2023  
Permit Expires: September 30, 2023  
Permit Application Due: April 3, 2023  
Check here if No Discharge

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
19	08	01		19	08	31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
Fecal Coliform May 1 - Sep 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	< 6	42	CFU/ 100 ml	0	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	200 Geo Mean	1,000 MAX		X	2/MONTH	Grab
Fecal Coliform Oct 1 - Apr 30	SAMPLE MEASUREMENT	XXX	XXX	XXX	XXX	XXX	XXX	CFU/ 100 ml	X	2/MONTH	Grab
	PERMIT REQUIREMENT	XXX	XXX		XXX	2,000 Geo Mean	10,000 MAX		X	2/MONTH	Grab
Total Phosphorus	SAMPLE MEASUREMENT	0.19		lbs/day	XXX	1.635	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Ammonia - N	SAMPLE MEASUREMENT	< 0.01		lbs/day	XXX	< 0.12	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Kjeldahl N	SAMPLE MEASUREMENT	0.07	XXX	lbs/day	XXX	0.60	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Nitrate -Nitrite as N	SAMPLE MEASUREMENT	< 1.82	XXX	lbs/day	XXX	< 18.75	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	XXX		XXX	Monthly Average	XXX		X	2/MONTH	8-hr Composite
Total Nitrogen	SAMPLE MEASUREMENT	< 1.88		lbs/day	XXX	< 19.35	XXX	mg/l	0	2/MONTH	8-hr Composite
	PERMIT REQUIREMENT	report monthly	report annual		XXX	Monthly Average	XXX		X	1/MONTH	8-hr Composite
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.				TELEPHONE				DATE		
Frederick P. Walton, Operations Manager					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR
TYPED OR PRINTED					484-643-0024		2019	09	28		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)**

Felton Borough STP

7-1

Felton Borough, York County

NPDES Permit PA 0088579 for Outfall 001

For the MONTH August 2019

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Day	Influent						Process Control		Effluent								Weather	
	Flow	BOD <sub>5</sub>	BOD <sub>5</sub>	TSS	TSS	Aeration Wasted	Aeration Solids	CBOD <sub>5</sub>		TSS		Phos.	NH <sub>3</sub> N	pH.	D.O.	Fecals		TRC
	(MGD)	mg/l	lbs/ day	mg/l	lbs/ day	(Gal)	(ml/L)	mg/l	lbs/ day	mg/l	lbs/day	mg/l	mg/l	S.U.	mg/l	/100 ml		mg/l
1	0.0202					0	400							8.18	8.1			CLOUDY
2	0.0145					0								8.10	7.5			CLEAR
3	0.0224					0								7.91	7.7			CLEAR
4	0.0263					0								7.89	7.7			CLEAR
5	0.0192					750								7.95	8.0			CLEAR
6	0.0172					1800	300							7.83	7.4			CLEAR
7	0.0165					450								7.70	8.0			CLEAR
8	0.0230					0								7.65	7.5			CLOUDY
9	0.0082					2250	380							7.61	7.2			CLEAR
10	0.0009					0								7.63	7.1			CLEAR
11	0.0425					0								7.65	7.3			CLEAR
12	0.0177					900								7.80	8.0			CLEAR
13	0.0162					1800	375							8.01	9.0			CLOUDY
14	0.0106					0								8.09	8.5			CLOUDY
15	0.0164	267	36.5	346	47.3	0		< 3.0	< 0.41	6.6	0.9	1.95	< 0.10	8.05	8.7	< 1		CLOUDY
16	0.0279					0								7.76	8.7			CLEAR
17	0.0152					0								7.68	8.3			CLEAR
18	0.0161					0								7.35	8.5			CLEAR
19	0.0150													6.84	8.1			CLEAR
20	0.0139					1200	260							7.74	8.2			CLEAR
21	0.0137					0								7.91	8.3			CLOUDY
22	0.0198													8.01	7.9			CLEAR
23	0.0196													7.74	8.0			CLOUDY
24	0.0195					0								7.59	7.8			CLEAR
25	0.0226					0								7.61	8.0			CLEAR
26	0.0176					0								7.65	8.5			CLEAR
27	0.0126					0								7.71	7.7			CLOUDY
28	0.0109	328	29.8	332	30.2	0		4.8	0.44	8.8	0.8	1.32	0.13	7.83	7.9	42		CLOUDY
29	0.0104					0								7.75	8.0			CLEAR
30	0.0103					0								7.51	7.9			CLEAR
31	0.0070					0								7.44	7.7			CLEAR
Avg	0.0169	298	33.2	339	38.8	339	343	< 3.9	< 0.42	7.7	0.9	1.64	< 0.12	7.75	8.0	< 6		

Laboratory Name: LABS INC. and BSC In House? No

REMARKS: Fecal coliform average is reported as Geometric Mean.

[X] Check here if no biosolids were removed during the month.

[X] Check here if no biosolids were recieved during the month.

[X] Check here if there were no noncompliances during the month.

Signature:

*Frederick P. Wether*

Telephone: (484)643-0024

DISCHARGE MONITORING REPORTING SUPPLEMENTAL FORM (S)

Felton Borough STP 7-1

Felton Borough, York County

For the MONTH August 2019

NPDES Permit PA 0088579

Outfall 001

Renewal application DUE DATE is April 3, 2023

This permit will EXPIRE on September 30, 2023

Effluent											
Day	Flow MGD	Total P mg/l	Total P lbs/day	NH <sub>3</sub> -N mg/l	NH <sub>3</sub> -N lbs/day	TKN mg/l	TKN lbs/day	NO <sub>3</sub> -NO <sub>2</sub> as N mg/l	NO <sub>3</sub> -NO <sub>2</sub> as N lbs/day	Total N (mg/l) TKN + NO3-NO2	Total N (lbs/day) TKN + NO3-NO2
1	0.0202										
2	0.0145										
3	0.0224										
4	0.0263										
5	0.0192										
6	0.0172										
7	0.0165										
8	0.0230										
9	0.0082										
10	0.0009										
11	0.0425										
12	0.0177										
13	0.0162										
14	0.0106										
15	0.0164	1.95	0.27	<0.10	<0.01	0.52	0.07	<4.85	<0.66	<5.37	<0.73
16	0.0279										
17	0.0152										
18	0.0161										
19	0.0150										
20	0.0139										
21	0.0137										
22	0.0198										
23	0.0196										
24	0.0195										
25	0.0226										
26	0.0176										
27	0.0126										
28	0.0109	1.32	0.12	0.13	0.01	0.68	0.06	<32.65	<2.97	<33.33	<3.03
29	0.0104										
30	0.0103										
31	0.0070										
Avg	0.0169	1.64	0.19	<0.12	<0.01	0.60	0.07	<18.75	<1.82	<19.35	<1.88
* Total lbs/mo		XXX	5.99	XXX	<0.31	XXX	2.06	XXX	<56.29	XXX	<58.35

\* Calculated by Avg (lbs/day) x total number of days in month

Signature:

*Frederick P. Wroblewski*



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

**SUPPLEMENTAL LABORATORY ACCREDITATION FORM<sup>1</sup>**

Permittee Name: Felton Borough  
 Address: 88 Main Street  
Felton, PA 17322

PERMIT NUMBER	MONITORING PERIOD		
	Year/Month/Day		
PA 0088579	19/08/01	TO	19/08/31
PARAMETER	ANALYSIS METHOD	LAB NAME	LAB ID NUMBER <sup>2</sup>
pH	SM 4500-HB	Walton Water Services	15-04457
D.O.	SM 4500-OG	Walton Water Services	15-04457
Cl <sub>2</sub>	SM 4500-CLG	Walton Water Services	15-04457
CBOD <sub>5</sub>	SM 5210 B	LABS Inc.	01-550
T.S.S.	SM 2540 D	LABS Inc.	01-550
Fecal Coliform	SM 9222 D	LABS Inc.	01-550
BOD-5	SM5210B	LABS Inc.	01-550
Total Susp. Solids	SM 2540 D	LABS Inc.	01-550
CBOD <sub>5</sub>	SM 5210 B	BSC	15-301
T.S.S.	SM 2540 D	BSC	15-301
Fecal Coliform	SM 9222 D	BSC	15-301
BOD-5	SM 5210 B	BSC	15-301
Total Susp. Solids	SM 2540 D	BSC	15-301

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  
 Frederick P. Walton, Operations Manager

Phone: (484) 643-0024  
 9/28/2019

Signature of Principal Executive Officer  
 of Authorized Agent

<sup>1</sup>Submit this form with each Discharge Monitoring Report (DMR), Annual Report of Recordkeeping and Reporting Form, where sample results are submitted to the Department for compliance purposes

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

Discharge Monitoring Report - Supplemental Bio-Solids report

For the MONTH August 2019

Check here if Bio-Solids were not removed this month.

NPDES Permit PA 0088579

Felton Borough

7-1

Felton Borough, York County

Bio-Solids (Sludge) production Information (prior to incineration)

Hauled as liquid sludge				Hauled as dewatered sludge			
Gallons	X % Solids	X Conv. Factor	= Dry Tons	Tons dewatered	X % Solids	X 0.01	
3,600	2.0000	X 0.0000417	0.300			X 0.01	5-Aug
3,000	2.0000	X 0.0000417	0.250			X 0.01	5-Aug
3,600	2.0000	X 0.0000417	0.300			X 0.01	6-Aug
3,600	2.0000	X 0.0000417	0.300			X 0.01	6-Aug
3,000	2.0000	X 0.0000417	0.250			X 0.01	7-Aug
		X 0.0000418				X 0.01	
		X 0.0000419				X 0.01	
		X 0.0000420				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
		X 0.0000417				X 0.01	
Totals =			<u>1.401</u>	Total =			

DISPOSAL SITE INFORMATION: Please list all sites, even if they were not used this month.

	SITE 1	SITE 2	SITE 3	SITE 4
Site Name:	Springettsbury Township			
County:	York			
Permit Number:	123			
Dry Tons disposed:	1.401			
Type: (Check one)				
Agricultural Utilization	X			
Composting				
Landfill				
Other (explain)				

Hauled by Ken Joines

For Bio Solids that have been incinerated:

Pre-incineration weight = \_\_\_\_\_ dry tons

Post-incineration weight = \_\_\_\_\_ dry tons

*Frederick P. Wolkoff*

Signature

(484)643-0024

Telephone

Manager, Operations

Title

9/28/2019

Date



Fred Walton <fredpwalton@gmail.com>

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**Your eDMR Report Has Been Received For Permit No. PA0088579**

1 message

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depgreenporthelpdesk@state.pa.us <depgreenporthelpdesk@state.pa.us>  
To: fredpwalton@gmail.com

Sat, Sep 28, 2019 at 1:43 AM

This email is to confirm that the following report was received by DEP through the eDMR system:

**Facility Name:** FELTON STP  
**Permit Number:** PA0088579  
**Report Frequency:** Monthly  
**Report Type:** DMR  
**Reporting Period:** 08/01/2019-08/31/2019  
**Report Due Date:** 09/28/2019

**Submitted By:** Cynthia Walton-Bongers  
**Submission Id:** 168555  
**Submission Status:** Received  
**Submission Type:** Original

To view the details of this report, access the eDMR system through DEP's GreenPort and select the link for View/Revise Submitted.

**The York Water Company**  
**Responses to Bureau of Technical Utility Services, Water/Wastewater Division**  
**Data Request 1**

Application of The York Water Company - Wastewater for approval of the acquisition of the  
wastewater system assets of the Felton Borough at Docket No. A-2019-3013113

**DISCOVERY A-24**

Section 7.4 of the Agreement of Sale for Wastewater Collection System, provided in the Application as Exhibit I, indicates several of Felton's existing customers may be currently billed for multiple EDUs. Please identify the number of Felton customers that are currently billed multiple EDUs and identify if it is York Water-WW's intent to maintain this billing practice or re-evaluate the number of EDUs assigned to these customers after closing.

**RESPONDENT:**

Joseph T. Hand  
Chief Operating Officer

**RESPONSE:**

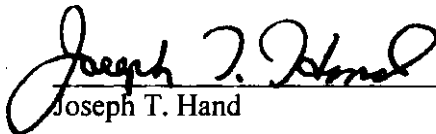
After consulting with Felton Borough, there are no existing customers currently billed for multiple EDUs. Felton Borough previously indicated that it was billing a rental firm for multiple EDUs. However, the Company has confirmed that the property owner reconfigured the property and is now only using one EDU.

**VERIFICATION**

I, Joseph T. Hand, being the Chief Operating Officer at The York Water Company, hereby state that the facts set forth above are true and correct to the best of my knowledge, information and belief, and that if asked orally at a hearing in this matter, my answers would be as set forth therein.

I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Date: November 15, 2019

  
\_\_\_\_\_  
Joseph T. Hand

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NOV 15 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

**CERTIFICATE OF SERVICE**

Docket No. A-2019-3013113

I hereby certify that a true and correct copy of the foregoing has been served upon the following persons, in the manner indicated, in accordance with the requirements of 52 Pa. Code § 1.54 (relating to service by a participant).

**VIA E-MAIL AND FIRST-CLASS MAIL**

Tanya McCloskey, Esquire  
Office of Consumer Advocate  
555 Walnut Street  
Forum Place, 5<sup>th</sup> Floor  
Harrisburg, PA 17101-1923

Richard D. Kanaskie, Esquire  
Bureau of Investigation and Enforcement  
PA Public Utility Commission  
Commonwealth Keystone Building  
400 North Street, 2<sup>nd</sup> Floor West  
PO Box 3265  
Harrisburg, PA 17105-3265

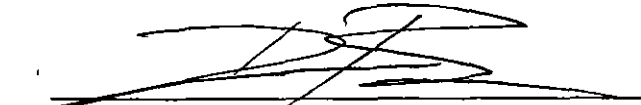
John R. Evans, Esquire  
Small Business Advocate  
Office of Small Business Advocate  
555 Walnut Street, 1<sup>st</sup> Floor  
Forum Place  
Harrisburg, PA 17101

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NOV 15 2019

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Dated: November 15, 2019



Devin T. Ryan

